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. And they can give you a gag quote. 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 me explain. 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 that? 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 145,000 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. 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 believe that our members know of our 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 expresses 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 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. 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 infants. You clearly recognize this, and have included access to appropriate pediatric specialists, and we are endorsing your bill.”
free of any punitive damages liability. That is a fair, commonsense compromise that the Senate phones through.

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 area where she has 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 hospital 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 went to talk to 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 denied.”

Here is a letter of endorsement from the American Occupational Therapy Association. “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 specialization, and hold accountable that which 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 of H.R. 2723 under provisions 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 a letter 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. There are all organizations that have endorsed the bipartisan Managed Care Reform Act.

Continuing, there is the Amputee Coalition of America, the Arthritis Foundation, the Asthma and Allergy Foundation, the Cooley’s Anemia Foundation, the Crohn’s and Colitis Foundation, the American Diabetes Association.

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 is 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 experimental treatment.

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 strongly 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 pacemaker 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 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 intensive care unit. He had drowned. He was still alive, but he was a victim of drowning. We had him on the ventilator. 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 Act of 1997, which 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 entire letter.

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 mania, for the millions 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 Improvement 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.”

“An SEIU 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. We are going to encourage health professionals to report patient care problems.”

Here I have a letter of endorsement from the American Federation of State, County and Municipal Employees. “On behalf of the 1.3 million members (AFSCME) of the Bipartisan Consensus Managed Care Improvement Act, they are endorsing this bill.”

I have a letter here of endorsement from the Center from 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 counsel 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 system whose primary goal is improving health in the population. In recent years, managed care has taken over as the 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 “If 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 extra-neous items, then I think we weaken the bill.

I have a letter here 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 reestablish 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 states, and nothing 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 provisions for strong reforms in managed care, and due process protections.

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.”

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.”
Care Improvement Act of 1999. We strongly feel it ensures fairness and accountability. These qualities have been lacking in the 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 lose the same 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 abnormal 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 to Americans. Of great importance is the improvement in 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 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 who are breast cancer survivors, and our 200,000 constituents, 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 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 would help end many of the abuses."

Well, Mr. Speaker, I have gone through 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 in my 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.
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<td>National Association of School Psychologists</td>
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<td>National Black Women's Health Project</td>
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<td>National Breast Cancer Coalition</td>
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<td>National Catholic Social Justice Lobby</td>
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<td>National Committee to Preserve Social Security and Medicare</td>
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<td>118</td>
<td>National Foundation for Ectodermal Dysplasias</td>
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<td>National Multiple Sclerosis Society</td>
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<td>Patient Access Coalition (represents 129 of the groups on this list)</td>
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<td>Patient Advocates for Skin Disease Research</td>
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<td>Scoliosis Research Society</td>
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<td>Sjogren's Syndrome Foundation Inc.</td>
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<td>Society for Cardiac Angiography and Interventions</td>
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<td>TMJ Associations, Ltd.</td>
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<td>United Church of Christ</td>
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<td>158</td>
<td>United Medical Rehabilitation Providers Association</td>
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<td>United Orthomy Association</td>
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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 EBM Society
American Gastroenterological Association
American Heart Association
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 Psychology Association
American Sleep Disorders Association
American Society for Dermatologic Surgery
The American Society of Dermatopathology
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 Surgeons
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
Diabetes Association
Dyslocates National Coalition
The Endocrine Society
Epilepsy Foundation of America
Eye Bank Foundation of America
Federated Ambulatory Surgery Association

CONGRESSIONAL RECORD—HOUSE 20949

September 8, 1999
ANA ENDORSES BIPARTISAN MANAGED CARE BILL

ANA ENCORES 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 Managed Care Protection Bill of 1999,” was introduced on August 8, 1999, by Rep. Charlie Norwood (R-GA) and 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. Ma- lone. “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 everyone 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 advo-

cacy, ANA is particularly heartened by the steps taken 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 patient 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 enjoy 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 covers medical necessity. All patients should be able to go to the nearest emergency room and be covered for treatment regardless of the plan they are in. Emergency room and trauma center should be able to go to the nearest emergency room and be covered for treatment.

External reviewers must be qualified to ensure a meaningful external review process.

All patients, even those covered by ERISA plans, should identify the benefits offered in their contracts with physicians.

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 their patients’ 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, excluding 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 and access to 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,

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 Bi-

parisan Consensus Managed Care Improvement Act of 1999, introduced by Representatives Charles Norwood (R-GA) and John D.
CONGRESSIONAL RECORD—HOUSE

September 8, 1999

Dingell (D-MI); and for Health Care Quality and Choice Act of 1999, to be introduced by Representatives Tom Coburn (R-OE) and John Shadegg (R-AZ) when Congress reconvenes in September. “Both bills are 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 access to 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 would include 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 pass legislation reflecting these principles.”

PATIENT ACCESS COALITION,


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. We clearly recognize 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 to 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,

Nancy McCann, 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 (H.R. 2723). Having participated in the lobbying for patient protections over the past two years, NETWORK applauds your efforts and those of other Republican lawmakers (of Representative Norwood’s, and the cadre of Republican physicians in facing down the serious opposition from the House GOP Leadership. You have stood firm against the 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 mili-
tancy 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 patients to the success of the stockholder, we have entered a dan-
gnerous zone. This situation requires the appointment of 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 an affordable quality health care.

That those initiatives have failed is a travesty of justice, leaving us the only industri-
alized nation in the world without a guar-
antee of health care for all its citizens.

Sadly, at this point, the nation’s non-sys-
tem is hopelessly fragmented while the num-
ber of uninsured continues to grow. As the need for patients’ protections indicates, even those privately insured under a variety and complex-
ity of health care plans—the details of which often elude the patient—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 Thornton, RSM, National Coordinator.

NETWORK Lobbyist.

NATIONAL PATIENT ADVOCATE FOUNDATION,


Hon. Charles Norwood,

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

Dear Representative Norwood: On behalf of our patient and health care constituencies, 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 Representa-
tives have sought to support reform that would improve patient access to care and pa-
tient autonomy in decision making with their employees. Your firm support of this im-
portant issue while assuring patients access to inde-
pendent, 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 Bi-
partisan Consensus Managed Care Improve-
ment 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 en-
dorses H.R. 2723 citing specifically the fol-
lowing 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 equ-
itably while supporting our managed care industry through the development of a clear-

20951
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 and prescription pharmaceuticals are 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 Humanitarian Award in Washington, July 22, 1999 in Washington. Certainly the leadership that you both exhibit in the development, sponsorship and negotiation of this bill as you see to the position 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 on the House of Representatives to vote their conscience in support of H.R. 273.

Respectfully submitted,

NANCY DAVENPORT-ENNIS, 
Founding Executive Director.

AMERICAN COLLEGE OF SURGEONS, 

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

DEAR REPRESENTATIVE NORWOOD: On behalf 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.

Once a patient is able to see an appropriate specialist, health plans are frequently restricted in their ability to determine the most appropriate medical treatment. This determination often is contrary to the advice of the patient’s treating physician and is made for 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 reviewer determine the appropriateness and appropriateness of treatments 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 patients 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.

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: On behalf of the Office for Church in Society, I am writing to thank you for your 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 on the House of Representatives to vote their conscience in support of H.R. 273.

Respectfully submitted,

GEORGE F. SHELDON, MD, FACS, 
President.

OFFICE FOR CHURCH IN SOCIETY

UNITED CHURCH OF CHRIST

WASHINGTON, DC, AUGUST 10, 1999.

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

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Respectfully submitted,

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: On behalf of the Office for Church in Society, I am writing to thank you for your 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 on the House of Representatives to vote their conscience in support of H.R. 273.

Respectfully submitted,

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: On behalf of the Office for Church in Society, I am writing to thank you for your 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 on the House of Representatives to vote their conscience in support of H.R. 273.

Respectfully submitted,

GEORGE F. SHELDON, MD, FACS, 
President.

OFFICE FOR CHURCH IN SOCIETY

UNITED CHURCH OF CHRIST

WASHINGTON, DC, AUGUST 10, 1999.
September 8, 1999

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 trained in the unique physical and developmental issues surrounding the care of infants, children, adolescents and young adults. You clearly recognize this and have included 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.

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 (D-Mich.).

Broad bipartisan support for this new legislation represents a major breakthrough on behalf of patients’ rights. You bill covers all persons in group 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 the removal of this special exemption will be a strong incentive for health plans to deliver clinically necessary care, obviating the need for lawsuits.

Improving the appeals process without legal accountability clearly would not be sufficient. A new analysis of the Senate-passed bill, S. 194, shows that the insurance and managed care industry could generate interest income of $300 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 requirement 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 practitioners solely on licensure. Medical necessity decisions would be made by clinical peers in a fair and independent appeals process, moving the system away from ad-hoc bureaucrats. Unlike the Senate bill, H.R. 2723 would:

- Provide access to appropriate pediatric specialists, continuity of care, and clinical trials
- Provide for an internal and an independent external appeals process that ensures a timely process for patients 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 harm. Employers must be prohibited from 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.

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 preferred ob-gyn without prior 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 the ob-gyn can provide necessary follow-up care.

Direct access to ob-gyns for all covered obstetric and gynecological follow-up care, as under the plan, will help to ensure quality health care 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.

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

The Center for Patient Advocacy has been a leading supporter of strong, enforceable comprehensive managed care reform. 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 quality, only one policy will not only provide a fair and independent appeals process, but will also allow patients and their physicians to hold health plans accountable for their decisions affecting their health care. And we believe that the Bipartisan Consensus Managed Care Improvement Act will do just that.

Sincerely,

TERRI MCFILLEN-HALL,
Executive Director.

AMERICAN OSTEOPATHIC ASSOCIATION,
Washington, DC.

DEAR CONGRESSMAN NORWOOD, the American Osteopathic Association (AOA) represents the nation’s 83,500 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).
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The AOA advocates, on behalf of patients, for 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 regulated and more out of touch with the health care system. In fact, it has led to the demise of 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 and for encouraging 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 Meyers, AOA Assistant Director of Congressional Affairs, in our Washington office with any further comments or questions.

Sincerely,

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

PHYSICIANS FOR REPRODUCTIVE CHOICE AND HEALTH,
Chair.

S. TIMOTHY ROSE, D.D.S., M.S.,
Executive Director.

JODI MAGEE,
Chair.

H.R. 2723 will help ensure that all of our members and the American Dental Association, Washington, DC. August 13, 1999.

HON. CHARLIE NORWOOD,
1707 Longworth House Office Building, Washing-

CONSENSUS MANAGED CARE IMPROVEMENT ACT OF 1999 (H.R. 2723)...

The American Dental Association, we wish to endorse H.R. 2723, the Bipartisan ConsensusManaged Care Improvement Act of 1999. This is the first truly bipartisan, comprehensive patient protection bill in the 106th Congress. Working with Representative Dingell, you have breathed new life into the movement to establish a few basic rules to protect all insured patients 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,
Chair.

AMERICAN CANCER SOCIETY,
August 27, 1999.

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

DEAR CONGRESSIONAL 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 in 1997 that 1.1 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 recognizes that patients who are being treated for cancer face unique challenges and should continue to have access to specialists, including an out-of-network specialist if one is not available within their health plan; ensures continuity of care for patients who are being treated for cancer; provides for the continued payment of an emergency room bill 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.

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 diseases the opportunity to seek the best and most appropriate care while helping to advance scientific knowledge. This access is integral to possibility of survival, increasing cure rates, and improving the life and quality of life 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 is not provided, thereby creating a major barrier for patients who would like, or need, access to these treatments. For these patients, the clinical trial is their last and often their only 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 on 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 opportunities.

We commend you for sponsoring this legislation that provides access to clinical trials for all patients with serious and life-threatening diseases. The provision of research, life-saving treatments for one disease are often found in clinical trials of a drug aimed at treating another disease. Re- gional clinical trials on a new drug for breast cancer, 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.

We extend our appreciation to 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, psychological, they must also face financial and emotional burdens as well. We thank you for sponsoring legislation ensuring that cancer patients, irrespective of type of insurance, will not lose their financial worries as they consider their treatment options. Please call Megan Gordon, Legislative
Representative, for any additional information
you or your staff may need.

Sincerely,

era Wilson, National Vice President, Policy Advocacy.

AMERICAN ACADEMY OF
OPHTHALMOLOGY,
Washington, DC, August 30, 1999.

His, CHARLES NORWOOD,
Re Managed Care Improvement Act.

U.S. House of Representatives,
Hon. Charles E. Norwood,
Longworth Office Building,
Washington, DC.

Dear Representative Norwood: The
American Academy of Ophthalmology (AAO)
would like to thank you for your introduc-
tion of H.R. 2723, the Bipartisan Consensus
Managed Care Improvement Act of 1999.

Your bill contains the core patient protec-
tions 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
diagnosis of disorders of the eye.

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

1. An out-of-network (point-of-service) op-
tion 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 re-
ferral; and
6. A ban on ‘‘gag clauses’’ which prohibit a
provider from giving patients certain infor-
mation, including treatment options.

We look forward to working with you to
eNSure passage of a STRONG, comprehensive
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
 QUANTITY AND MUNICIPAL
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 domi-
nant health care delivery system. The shift
to managed care has reflected the belief, par-
ticularly within the business community,
that managed care does a substantially bet-
ter 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 addi-
tion, many managed care organizations oper-
ate on a for-profit basis which exerts pres-
sures to reduce outlays. These changes in the
structure of health care insurance have cre-
ated an environment in which patients’ in-
terests can (and sometimes do) take a back
seat. While we are sensitive to the economic
issues in health care, we also believe that reg-
ulation and reform 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 the
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 al-
ready 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 au-
thorization and without higher costs; guar-
anteed access to needed health care special-
ist, outside the network, if needed; access to
pediatric specialists; the right of women to
directly access ob/gyn care and services; and
access to ‘‘gag clauses’’ which prohibit a provider
to discuss all treatment options with patients;
limit financial incentives to withhold care;
ensure continuity of care that so patients in
the midst of 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 expe-
rience retaliation by the plan.

Accountability: We support the right of pa-

tients to timely appeals of health plan deci-
dions and to be able to hold health plans ac-
countable for decisions. Examples of such
decisions that may require external appeal
are those that are unfair, unbalanced, and
timely; and a mechanism that holds health
plans legally accountable when their decisions
harms patients.

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

Sincerely,

Florence C. Kimball,
Legislative Education Secretary.

AMERICAN FEDERATION OF
TEACHERS,
U.S. HOUSE OF REPRESENTATIVES,
WASHINGTON, DC, AUGUST 20, 1999.

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 Im-
provement Act of 1999 (H.R. 2723). This
bipartisan compromise legislation provides meaningful,
reform of managed care with significant and con-
sumers.

In particular, we are pleased that the bill
extends patient protections to all of those
who are covered by managed care plans rath-
er 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 recommendations 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 in-
cludes important protections for physicians
and nurses who raise concerns or warnings
about the quality of health care provided.

These protections will allow health care pro-
fessionals to speak, without fear of reprisal,
to appropriate public regulatory agencies,
appropriately private accreditation bodies, or
administrators or their employers. The pro-
vision protecting patient advocacy will help
accomplish the bill’s overall goal of improv-
ing the quality of health care delivery.

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

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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: The
American Federation of Teachers
urges you to co-sponsor and sup-
port this vital legislation.

Sincerely,

Charlotte J. Fraas,
Director of Federal Legislation,
Office of Government Relations.
CONGRESSIONAL RECORD—HOUSE

September 8, 1999

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. Inpatient 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 DU MELLE,
Deputy, Managing Director.

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

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

DEAR REPRESENTATIVES: On behalf of the National Breast Cancer Coalition (NBCC), 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. Passage of this legislation would ensure that patients in private health plans have access 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. This provision 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 this important legislation 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). This act is a leading health care delivery system that fully meets the needs of women and families.

AAUW believes that 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 to patients. AAUW believes it is important to ensure that women can continue to see the same health care provider throughout pregnancy if their provider leaves the plan or their employer, and that the plan does not restrict women’s ability to choose their health care provider. Women can see the same health care provider throughout pregnancy and ensure access to clinical trials for new treatment options and clinical trials for patients with breast cancer.

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 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 devoted 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 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, especially 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. Sheila 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,

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 health care 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 questions that any health care system for people with severe mental illnesses and their families including use of restrictive prescription
drug formularies and meaningful external appeals system. 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 important for people with serious brain disorders such as schizophrenia and manic-depressive illness who depend on new 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 unstructured 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 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 off-label mental 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.
Thank you. Sincerely,

STEVE C. JOHNSON, CLU, RHU, President.

P.S. It is also our understanding that most “individual” health care plans, not currently under ERISA, are not 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,

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 managed care patients. The 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. This 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 to 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 YOTAR, Senior Vice President, Public Policy.

PARALYSIS SOCIETY OF AMERICA,

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 this year, including H.R. 216, the Quality Care Act, and H.R. 338, the Patients’ Bill of Rights. We also note the importance of H.R. 2723 as a bipartisan bill. Legislatively, it is important that this bill recognizes 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, representatives of other organizations, 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 developing a balanced bill.

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, uniform, 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 be able to talk freely with doctors about their health care needs.

Doctors must be able to talk freely with patients without fear of 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 not be forced to change doctors and hospitals while in the midst of a course of treatment for a health care problem.

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 want the right to 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,
U.S. House of Representatives, Longworth 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 the nation’s approximately 6,000 oral and maxillofacial surgeons, I thank you for supporting provider nondiscrimination language as stated in Section 226 of the bipartisan “Consensus on Managed Care Improvement Act of 1999.”

We felt that this bill has the strongest chance of being enacted, as it is a bipartisan 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 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, I am writing to express my strong support for the Consensus on Managed Care Improvement Act of 1999.

We feel that this bill has the strongest chance of being enacted, as it is a bipartisan 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.
September 8, 1999

CONGRESSIONAL RECORD—HOUSE

Improvement Act of 1999. I am pleased to announce my support for your 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. LEPFOW, DPM,
President,
Opticians Association of America,
Fairfax, VA, August 24, 1999.

HON. CHARLES NORWOOD,
U.S. House of Representatives,
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 the 60,000 optometrists 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. FARHANKS,
Assistant Executive Director for Government Relations,
American Osteopathic Association,

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

DEAR CONGRESSMAN NORWOOD: The American Osteopathic Association (AOA) represents the nation’s 80,000 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 to rely 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 and pledge 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,

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

DEAR REPRESENTATIVE NORWOOD: I am writing on behalf of the 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 which provide patients 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 discrimination 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, M.S, NCC,
President, American Counseling Association.

American Public Health Association,

HON. CHARLES NORWOOD,
U.S. House of Representatives,
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 in 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 overdue 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,

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’ 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 an 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. HUSTAD,
Director of Legal and Public Policy,
The American Occupational Therapy Association, Inc. (AOTA), 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 to protect the 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 to improve patient access to all medically necessary specialty care using appropriate utilization review standards; protect patients' rights to receive a health care plan allowing out-of-network care; prohibit the restriction of important medical communications and require information disclosure standards; prohibit discriminatory practices against health care professionals; require timely, independent dispute resolution 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.


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

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

DEAR MR. 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 plan managers can continue to discriminate against many licensed health care professionals. Additionally, the provision will foster greater 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, chronic healthcare conditions will greatly benefit from the opportunity to access specialists who are trained in the treatment of their special conditions. Moreover, implementation 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 employment changes; the ability to hold managed care plans accountable for decisions to deny care; and guarantees 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. 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.

It's time to ensure that all Americans 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. There’s more excitement 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 changed 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 not really important until this can be used to resolve from the Federal Government the issue of school funding and education, and that includes the local level, the state and the Federal Government.

We can still win the war for educational support. The 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 follows education. It seems to be 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 trend. It is absolutely imperative that there be 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. All of the polls still continue to show that the American public 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 by a lot of maneuvers underway that will lead to inevitable cuts in education if those rules are followed.

The President is right when he says there is only one 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