

“(C) METHOD OF NOTIFICATION.—The school may provide the notice required by paragraph (B) by any method of notification described in paragraph (4)(E).

“(D) POSTING OF SIGNS.—Immediately after the application of a pesticide under this paragraph, a school shall post a sign warning of the pesticide application in accordance with clauses (ii) through (iv) of paragraph (4)(B).

“(c) RELATIONSHIP TO STATE AND LOCAL REQUIREMENTS.—Nothing in this section (including regulations promulgated under this section)—

“(1) precludes a State or political subdivision of a State from imposing on local educational agencies and schools any requirement under State or local law (including regulations) that is more stringent than the requirements imposed under this section; or

“(2) establishes any exception under, or affects in any other way, section 24(b).

“(d) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated such sums as are necessary to carry out this section.”

(c) CONFORMING AMENDMENT.—The table of contents in section 1(b) of the Federal Insecticide, Fungicide, and Rodenticide Act (7 U.S.C. prec. 121) is amended by striking the items relating to sections 30 through 32 and inserting the following:

“Sec. 30. Minimum requirements for training of maintenance applicators and service technicians.

“Sec. 31. Environmental Protection Agency minor use program.

“Sec. 32. Department of Agriculture minor use program.

“(a) In general.

“(b)(1) Minor use pesticide data.

“(2) Minor Use Pesticide Data Revolving Fund.

“Sec. 33. Pest management in schools.

“(a) Definitions.

“(1) Bait.

“(2) Contact person.

“(3) Emergency.

“(4) Local educational agency.

“(5) School.

“(6) Staff member.

“(7) State agency.

“(8) Universal notification.

“(b) School pest management plans.

“(1) State plans.

“(2) Implementation by local educational agencies.

“(3) Contact person.

“(4) Notification.

“(5) Emergencies.

“(c) Relationship to State and local requirements.

“(d) Authorization of appropriations.

“Sec. 34. Severability.

“Sec. 35. Authorization of appropriations.”

(d) EFFECTIVE DATE.—This section and the amendments made by this section take effect on October 1, 2001.

Mr. TORRICELLI. Mr. President, I rise today to announce a landmark agreement regarding the use of pesticides in our Nation's schools. This agreement marks the first time that the Federal Government will institute regulations on pesticides and school-children. The Senate unanimously accepted my amendment to the Elementary and Secondary Education Act, which passed in the Senate late last week. For the first time, parents in all

fifty States will be notified when pesticides are used in schools.

This agreement was reached after seven weeks of negotiations between my staff, environmental health groups, a broad coalition of pesticide, agriculture, and education groups. It was developed with these various groups to achieve a balance between the need to protect children from pests and addressing the concerns about the safety of pesticide applications.

A recent study by the General Accounting Office found that no credible statistics exist regarding the amount of pesticides used in public schools and no information exists about students' exposure to pesticides or their health impacts. We can and must do a better job of providing accurate information to parents and staff at our Nation's schools regarding pesticide use and the potential effects on our children.

This amendment requires local educational agencies and schools to implement a school pest management plan. This plan must incorporate pest control methods that minimize health and environmental risks in school and around schools. This amendment does not ban any pesticide. It simply states that the area of the pesticide application must remain unoccupied during the treatment, and for some pesticides, the area must remain unoccupied for up to 24 hours after the treatment.

Perhaps the most important component of this amendment is the requirement for schools to provide universal notification to parents three times throughout the year. The universal notice must include a summary of the school pest management plan, a statement about pesticides, information on how to sign up to be notified prior to all pesticide applications, notice of pesticides that are exempt from notification requirements, and information on who to contact for additional information regarding pesticide applications at the school. The amendment also gives parents the option of being notified at least 24 hours in advance of every pesticide application. Between universal notification and this additional notice option, parents will be armed with the knowledge they need to protect their children from potentially harmful pesticides when they send them to school. It is an enormous and hard fought victory for the health of our children.

I would like to thank my colleagues, Senators BOXER and REID for joining me in introducing this important amendment. Their strong support for the protection of our children against exposure to pesticides was critical to the passage of this amendment. They have both been leaders on this issue for years, and I look forward to their continued advocacy on behalf of our Nation's children.

I extend my thanks to the majority leader, Senator DASCHLE, for working to address the concerns of all sides. I

appreciate the willingness of the managers of the bill, Chairman KENNEDY and Senator GREGG, to have this important issue considered in the context of the ESEA bill. In addition, I wish to thank the many groups whose support this amendment enjoys, including: Beyond Pesticides/National Coalition Against the Misuse of Pesticides, the National Pest Management Association, Responsible Industry for a Sound Environment, American Crop Protection Association, Consumer Specialty Products Association, Chemical Producers and Distributors Association, and the International Sanitary Supply Association. I also appreciate the support of the New Jersey Pest Management Association, and the New Jersey Environmental Federation. Finally, this amendment would not have been possible without the work of Joe Fiordaliso of my staff.

I look forward to working with members of the conference on ESEA to ensure that this amendment is included in the final bill, which is presented to President Bush.

HEALTH CARE

Mr. DURBIN. Mr. President, I want to address in morning business an issue, which will be the focus of debate in the Senate for the next 2 weeks. Many times our debates in this Chamber are about issues that a lot of people across America wonder what can this possibly mean to me, my family, or my future. This debate, believe me, will affect every single one of us.

What we do—whether we pass a law or fail to pass a law—can have a direct impact on everyone witnessing this debate and virtually everyone living in this country. What could that issue possibly be? Health care. It is about whether or not our health insurance will be there when we need it.

Yesterday in Springfield, IL, my hometown, I had a press conference. I invited three local doctors and two local nurses to talk about health care today. They came and told stories which were chilling, stories of their efforts to provide quality medical care to the people of my hometown and how time and again they ran into roadblocks, obstacles, and barriers from HMOs, and other health insurance companies, which tried to overrule medical decisions.

A cardiologist who came forward said: I brought a person into my office who was complaining of pain, thinking he suffered a heart attack. I was prepared to provide emergency care and I did, only to learn that his health insurance company would not pay me because I did not happen to be in their network. This person who showed up at my office, afraid he was going to die, was supposed to read his health insurance policy, look for the appropriate doctor, and make an appointment.

That is the reality of dealing with HMOs and health insurance companies today.

A lady who is an OB/GYN in my hometown talked about women under her care preparing to deliver a baby who, because the employer of that woman changed health insurance companies, were told in the closing days of the pregnancy that she could no longer be treated by her obstetrician, but had to go to a new doctor, an approved doctor, someone who had never seen her during the course of her pregnancy simply because this health insurance company thought it could save a dollar by referring this care to a different obstetrician.

The cases went on and on and on. Frankly, it should not come as a surprise. We have known for years that HMOs, health maintenance organizations, are really cost containment organizations. Their job is to reduce the cost of health care. What is secondary in their consideration is really quality medical care that all of us count on when we go to a doctor or a hospital or rely on a nurse's advice. That has been the casualty in this debate.

Yesterday, in Springfield, IL, these health professionals came forward. They joined ranks with 500 organizations which have endorsed a bill we will begin debating today on the floor of the Senate. Let me add just a postscript to that—I hope we will begin debating it today. Yesterday we tried to take up this bill, to talk about a Patients' Bill of Rights. There was an objection from the Republican side of the aisle. They wanted more time.

I suggest to those who are following this debate, this particular issue has been debated for a long time. In 1973, the Health Maintenance Organization Act became law, allowing employers to offer managed care insurance options. That was 28 years ago.

In 1995, our current President, then Governor George Bush, vetoed a Texas bill providing protection for HMO patients.

By 1996, the first Federal law regulating private insurance, this one allowing workers to keep coverage when changing their jobs, opened the door to patients' rights. The battle went on from there.

We have known for years that we need to provide patients and their families and people working for businesses across America the protection of a Patients' Bill of Rights. What we have before us today, what we will be debating this week, is a bipartisan Patients' Bill of Rights. Senator JOHN MCCAIN, a leading Republican, is one of the leading sponsors of this bill; Senators ARLEN SPECTER and LINCOLN CHAFEE also Republicans support the bill as well; and virtually every Democratic Senator. On the House side the same can be said. Republican leaders, as well as Democrats, and some 60 Republicans voted for this bill when it came up.

So this is a bill that has been here for a long time. It is a bill that now has strong bipartisan support, and it has been subjected to a lot of give and take and compromise to come up with a reasonable approach. Yet still we run into the obstacles that are being presented by its opponents, the major opponents, of course, the health maintenance organizations.

Why are they opposed to this bill? Why don't they want to create a Patients' Bill of Rights? Frankly, they think it is going to cost them in terms of their profits. They don't want to give up the rights they have to make life-and-death decisions and overrule doctors and nurses to save a buck. That is what this debate comes down to.

If you happen to visit Washington, DC, and turn on television, you are likely to see their television advertising. These HMOs are going to dump millions of dollars into advertising, trying to tell the people across America that giving you the right to have your doctor make a medical decision is not in your best interests, that they are the ones who should be entrusted with our health care, they are the ones who should make the call in life-or-death decisions when it comes to medical treatment, when it comes to prescription drugs that are necessary to sustain your life. They say, frankly, we don't need a Patients' Bill of Rights.

That is understandable, because do you know what is at issue here? What is at issue here is accountability. We just finished 7 weeks of debate about education. The key word in that debate was "accountability." People should be held accountable, students by tests, teachers by the results of those tests, principals—everyone to be held accountable. But when it comes to health care, the HMOs do not want to be held accountable. They believe they should take their profits and not be accountable.

Let's take a step back and look at the big picture. Who in the United States can be held accountable for their conduct in a court of law? Frankly, all of us—every individual, every family, every business—with only two exceptions. There are two special classes in the United States who cannot be brought into court and held accountable for their wrongdoing:

One, diplomats. You have heard of those cases. Diplomats who come to the United States, get involved in traffic accidents, and race away to their home country, never having to face a court of law. That happens to be part of a treaty. We are stuck with it.

What is the second special and privileged class in America that cannot be held accountable for its wrongdoing? HMOs, health insurance companies. That is right. If they make a decision denying you coverage and you suffer bodily injury or die as a result of it, the HMO or the health insurance com-

pany cannot be sued. That is why they oppose the Patients' Bill of Rights. They want to maintain their special status.

The HMOs think they are royalty in this country, that they should be above the law. I disagree with that completely. This bipartisan Patient Protection Act protects all patients across America. It doesn't pick and choose like the Republican alternative. It says that you should have access to specialists. If your doctor says your son or daughter has cancer and that a pediatric oncologist is the right person for your child, that should be the final word. You should not leave it to some bean counter, some accountant, some clerk in an insurance company 100 miles away.

It says you should be able to go out of network for a specialist. In other words, if the HMO does not have that doctor on the list, that should not be the deciding factor when determining who is the best doctor for your wife or your husband when they are facing a serious illness.

Care coordination, standing referrals—all of these mean that you can get good health.

Coverage for clinical trials. Clinical trials are efforts a lot of people get into when they receive a diagnosis of a condition or disease that might otherwise be incurable. They take a drug that is being tested by the Food and Drug Administration to see how it might apply to your cancer, your heart disease, your special problem. A lot of insurance companies say: We will not pay for clinical trials, you are on your own. Well, who can pay for it? Who in their right mind can say an average person in an average family in America can pay the tens of thousands of dollars necessary for life-or-death treatment in a clinical trial?

That is what is at issue here; that is what is behind this bill. The Patients' Bill of Rights say these insurance companies must cover the clinical trials that are necessary to save your life.

What about coverage for emergency care? Imagine your son falls out of a tree in the backyard and breaks his arm while you are visiting somebody, and you race to the nearest hospital only to learn they cannot treat you because you don't happen to be on the approved list for your health insurance. Who in the world is going to carry their health insurance policy around in the glove compartment of their car to find out which is the hospital that the HMO will allow you to go to? When it comes to emergency care, people should not be second-guessed. You go where you need to go when you are in an emergency situation. You should not have to face some insurance company clerk who is second-guessing that.

Direct access to OB/GYN providers—I mentioned the illustration in Springfield.

Access to doctor-prescribed drugs. Do you know what the HMOs do? They put down a list of drugs for which they will pay. They pick and choose the ones where they get the deepest discounts from the pharmaceutical companies. So you come in with a problem and your doctor takes a look and says: This is the drug. You need it. Is a breakthrough drug, and it is available, and I think I can get it for you. I say: Doctor, is it expensive? And he says it is because it is new, but it is just what you need. Then he says: Will your company cover this? Is it on their approved list, their formulary?

Sadly, a lot of HMOs have picked a list that doesn't include all the good drugs a doctor can prescribe. The Patients' Bill of Rights says the doctor has the last word. If this is the right drug that can cure your disease and give you a good life, you should not have to get into a debate or an appeals process with an HMO or a health insurance company over it.

Finally, access to point-of-service plans. We have to make certain that people across America, when they need access to good health care, have it. The HMOs and health insurance companies that put up these obstacles should not have the final word.

This is the debate we are about to have for the next 2 weeks. This is what the Senate will focus on. Is there anything more important than our health? What would you give up for your health? I don't think anyone would give up anything for their health. That is the most important thing in your life. Now we face an onslaught of opposition from the HMOs and the health insurance companies that say no to the Patients' Bill of Rights.

I salute Senator TOM DASCHLE, the majority leader, because he said this at a rally that we just held on the steps of the U.S. Capitol. He said the Senate will stay in session until we pass a Patients' Bill of Rights. He has given notice to all of us in the Senate: Put on hold your Fourth of July parades and your picnics back at the ranch. We are all talking about staying here and getting the job done.

There are going to be fireworks on The Mall, if you want to stick around here and you don't want to pass a Patients' Bill of Rights. We can look out the back window here, skip the parades and picnics, and stay at work until we pass a Patients' Bill of Rights. I guarantee, you may or may not see fireworks on The Mall, but we will see fireworks on the floor of the Senate because the HMOs and health insurance companies are not going to give up easily. They are going to fight us every step of the way.

Who are on the different sides in this debate? On one side are 550 health organizations and consumer organizations, standing for families and individuals across America—doctors and nurses and consumer groups.

Who is on the other side, opposing our bill? One group, and one group only, the HMOs, the health insurance companies. They know what is at stake here. What is at stake is their profit, and they are going to fight us tooth and nail to try to stop this bill.

I can guarantee this. We are going to fight for a real Patients' Bill of Rights, not a bill of goods. We are not going to pass some phony law and say to America we have solved your problem. We are going to fight and stay here for this fight until we pass it. For everyone who witnesses this debate, I cannot think of a more important topic for us to face.

Mr. REID. Will the Senator yield for a question?

Mr. DURBIN. I am happy to yield to my colleague from Nevada.

Mr. REID. I have been here this morning listening to the Senator's statement, and of course it is very good and beautiful. But I would like to ask the Senator a couple of questions.

We have been working on this bill for years. I have been impressed with a couple of people who have stood out in recent weeks. They are Republicans—one by the name of JOHN MCCAIN and the other by the name of CHARLIE NORWOOD. They are both Republicans. One is a dentist from Georgia, the other is a Senator from the State of Arizona who, among other things, spent 5 or 6 years in a prisoner-of-war camp, most of that time in solitary confinement.

The Senator from Illinois and I came with Senator MCCAIN to the House of Representatives in 1982. We have long acknowledged his courage; have we not?

Mr. DURBIN. Absolutely.

Mr. REID. I have been impressed with the courage of CHARLIE NORWOOD from Georgia. Is the Senator from Illinois also impressed?

Mr. DURBIN. The fact that he has stood up and announced last Friday that he has tried to work with the HMOs, tried to work with the Republican leadership and with the White House and has virtually given up because they, frankly, will not support a real Patients' Bill of Rights. Congressman NORWOOD, a Republican, has said he will openly support the Democrats. If I am not mistaken—perhaps I am—the Senator from Nevada can correct me—I think every medical doctor in the House of Representatives now supports the Democratic approach, the bipartisan approach we are offering on the floor.

Mr. REID. The reason I asked the Senator this question is that the Senator in his chart said it is a bipartisan bill. MCCAIN a Republican, EDWARDS a Democrat from the South, KENNEDY a Senator from Massachusetts, they are the chief sponsors of this legislation. This is bipartisan legislation. We have some courageous people who have said we have had enough of this.

This legislation, I have heard the Senator say, is supported by every consumer group in America plus every medical group in America, subspecialty group, specialty group, the American Medical Association, and even the lawyers support this. I don't know of a time in the past where you have the American Medical Association and the trial lawyers together. Does the Senator know another occasion?

Mr. DURBIN. I certainly don't. Usually they fight like cats and dogs. When it comes to this bill, both sides believe the HMOs and the health insurance companies should not be above the law. They should not be a special class. They should be held accountable like every other American and every other business for their wrongdoing. They should, in being held accountable, understand when they make life-or-death decisions and they are wrong, they may face a jury of a dozen Americans who will decide whether or not it was fair.

Mr. REID. The Senator made reference to the advertisements being paid for by the HMOs. They are running in Washington and all over America. What they are focusing on is this is a bill that the lawyers want. Would the Senator agree with me that those managed care entities that oppose this legislation are trying to divert attention away from the consumer protections in this bill and making it a lawyer-versus-the-rest-of-us piece of legislation?

Mr. DURBIN. There is no question about it. I often try to reflect on whether or not the Congress of the United States could have enacted Social Security or Medicare or the Americans with Disabilities Act if some of the most well-financed special interest groups in America decided they wanted to buy large amounts of TV airtime on television of America. That is what is happening. They have done it before. They are trying to do it now. They are trying to twist and distort this debate to try to undermine the public's sentiment for real change and real protection for patients.

They are going to lose because the people of America know stories in their own family and their neighbor's family. I will share for a moment—I see two of my colleagues coming to the floor—with my colleague from the State of Nevada one of the things I think really tells the whole story. You can listen to Senators come and go on the floor of the Senate. We can talk about politics and law and all the rest of it. Let me introduce you to a little fellow I met a year or so ago named Roberto Cortes from Elk Grove Village, IL. This wonderful little kid is fighting for his life every single day on a respirator.

His mom and dad are real-life American heroes. They get up every morning and try to make a life for themselves and their family. They dedicate every

waking moment so this little boy stays alive. This is a fight that goes on every minute of every day. If you can imagine, if his respirator stopped he would die, and they know this. They have him at home, and they watch him constantly. This is a fight they are willing to take on. They didn't know when they were fighting for Roberto's life that they would also have to fight the insurance companies. His problem is spinal muscular atrophy, a leading genetic cause of death in kids under the age of 2.

Last year, they sent me an e-mail to talk about the battles they have had with their health insurance company. He needs a drug called Synagus to protect him against respiratory infection. Do you know what the insurance company said? No. No. His doctor said, this little boy needs this drug to protect him against an infection when he is on a respirator, and the health insurance company said no.

Imagine that for a minute. Imagine that you are battling every single day to save this beautiful little boy, and meanwhile you have a health insurance company denying you access to a drug that his doctor says he needs to stay alive. Can it get any worse than that?

That is what this debate is all about. Forget all of us in suits and ties and fancy dresses in the Senate and remember Roberto Cortes of Elk Grove Village, IL. Remember his mom and dad. That is what the debate is all about.

We can't match the health insurance industry when it comes to all the television advertising they are buying but, believe me, if I could tell Roberto's story to moms and dads across America, I know what would happen when this bill finally comes up for final passage. I thank my colleague from Nevada for joining me.

Mr. REID. If I may ask the Senator one more question, I hope Roberto is doing OK. Senator DORGAN and I held a hearing in Las Vegas, NV, where a mother's testimony was not as optimistic. It was sad. She had had dealings with an HMO, and her son is now dead. That was her testimony. Senator DORGAN and I will talk about that more as the debate goes on. The Senator from Illinois is right; the HMOs deal with people's health: Roberto, the boy in Las Vegas, parents, mothers, brothers and sisters. There is nothing that is more devastating than having someone sick and you can't get what you know needs to be done. That is what the debate is all about.

It is about accountability. Are people going to be held to a standard that is fair? We are not asking for a standard that is unfair or unreasonable or that has not been in place in the past. We are asking to have the standard where a doctor makes a decision as to the care their patient receives and it is not made by some clerk in a room in Baltimore or San Jose; it is made by that

doctor who is taking care of that patient. Will the Senator agree?

Mr. DURBIN. I agree, and I thank the Senator from Nevada for joining me. I see the Senator from Minnesota is here seeking recognition.

Let me say, this is one of the most important debates of the year. Until the Senate leadership changed 2 weeks ago, this bill was buried in committee. The health insurance companies had us right where they wanted us. They stuck this bill in committee and said: You will not hear a national debate about the Patients' Bill of Rights. It is a new day in the Senate. There is new leadership, and there is a new agenda. I am proud of the fact that my party has brought forward as the first bill that we will debate a Patients' Bill of Rights. I am proud of it because I believe that is what we are all about.

Frankly, on a bipartisan basis with Senator MCCAIN and Congressman NORWOOD and others, we are making this a strong bipartisan fight. It isn't a fight so that at the end of the day we can say our party won; this politician won. It is a fight so that at the end of the day Roberto Cortes has a chance, and his mom and dad can focus on this little boy's life and that daily struggle, not a struggle with the health insurance companies.

I yield the floor.

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

Mr. DAYTON. Mr. President, if I might add a refrain to what my distinguished colleagues have been talking about, last year I helped set up a health care hot line in Minnesota. I started getting a flood of calls, just as the Senator from Illinois described, from parents who are fighting those same kinds of battles. I don't have pictures here, but I can see them in my mind's eye, the young boys and girls and the grieving families, fighting families who are trying to deal with the tragedy of their lives and have heaped on them the further tragedy of HMOs or insurance companies not providing or not paying for the care. Suddenly they are incurring tens of thousands of dollars of debt, in addition to God-awful personal losses.

So I certainly rise in support of the legislation. I agree with the Senator from Illinois that the change in the leadership of this body—the now-majority leader and assistant majority leader are making the difference in this legislation coming to the Senate floor. I hope we can commence debate on it today.

Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

The PRESIDING OFFICER (Mr. DAYTON). Without objection, it is so ordered.

Mr. NELSON of Florida. Mr. President, I rise on this first day of consideration of the Patients' Bill of Rights to say that this is a glorious day, that finally, after a 5-year wait, the Senate can take up this important legislation.

It is my hope that our colleagues on the other side of the aisle will not block this legislation, as has been rumored all over the Capitol today. We have heard that there will be all kinds of efforts to delay and distract.

This issue is way too important for this country to withstand such potentially dilatory tactics. Indeed, the people of this country embrace patient protection and they embrace it in a bipartisan and, indeed, a nonpartisan fashion.

What does this bill do? It simply addresses a grievous wrong under American law. Currently, health care providers are held accountable for their mistakes and their malpractice, save for one type of health care provider—an insurance entity known as a health maintenance organization.

An HMO is exempt under the law. So this Patients' Bill of Rights brings to the floor of this Senate the opportunity to change the law so that HMOs are held accountable for their grievous mistakes. This is just common sense and clearly, a standard of fairness. This is why we are seeing wide acceptance of the principles of this legislation reflected in the polls all over this country.

Now let's not be deceived. Those who want to torpedo this legislation say that they support a Patients' Bill of Rights, and then they get all mired in the discussion of the technical details. But it is clear cut: Either you are for the patient or for the HMO when it comes down to the question of accountability for grievous mistakes.

Now there has, in the course of this discussion, arisen a very legitimate concern. HMOs are a major provider of insurance for employers. Therefore, an employer is quite concerned that they might have some liability because they engage the particular HMO as their insurance company. So, quite naturally, an employer does not want to have joint liability with an HMO that has perpetrated some grievous malpractice.

In this bipartisan legislation offered by Senators MCCAIN, EDWARDS, and KENNEDY, there is protection for the employer, and the employer would only be liable if the employer had participated in that grievous malpractice.

So as that issue arises, particularly among the business community, which legitimately ought to be concerned with that issue, don't be deceived, because you are protected. As we get into the discussion of this legislation, let's remember what this is all about. You are either for protecting patients or

you are for the status quo, which protects HMOs. Current law states that an HMO cannot be sued for any grievous wrongs, whereas a physician, a nurse, a hospital, or any other health care provider who commits a grievous wrong against a patient can be held accountable.

So it is a stark choice: Do you want to protect the patients, or do you want to protect HMOs? You will get all the other arguments about whether or not this is going to increase the cost to patients. There will be some increase, but often as we consider the formulation of law, we have to consider the tradeoffs. Is this protection of a patient's right worth the tradeoff of a small—a very small—increase in the cost? Eighty percent of the American people clearly say they want the rights of a patient protected.

I am glad that we finally have this issue before us.

One of the greatest experiences in my professional life and a great honor for me was having served for the last 6 years as the elected insurance commissioner of the State of Florida. In that capacity, I dealt weekly with insurance companies, health insurance rates, and what it took to keep those insurance companies and HMOs financially viable, while at the same time being able to protect patients' rights.

I see this discussion of a Patients' Bill of Rights as the tip of an iceberg in a discussion of the overall reform of the entire health care delivery system. Ultimately, this will become a discussion of the reform of the Medicare system in this country. I hope and have clearly had assurances from our great assistant majority leader, the Senator from Nevada, and our great leader, the Senator from South Dakota, that we are going to take up Medicare reform later this year.

We have a great opportunity for taking the first steps addressing the comprehensive question of health care reform and health insurance reform that will ultimately address the fact that 44 million people in this country do not have health insurance, 2½ million of these people are in my own State of Florida. Clearly, they get health care. They often get it at the most expensive place, which is the emergency room, and at the most expensive time when the sniffles have turned into pneumonia. But that is a discussion for another day.

The discussion, however, starts today along the long, tortuous road of health care reform with a most important first step; that is, enacting a Patients' Bill of Rights.

I am proud to come to the floor and be able to address this. I intend to speak out on this important issue again and again over the course of the next several days, and the next couple of weeks, until we pass this important piece of legislation.

Thank you, Mr. President. I yield the floor.

The PRESIDING OFFICER. The Senator from Michigan.

PATIENTS' BILL OF RIGHTS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

This picture I want to be able to take down pretty soon. It has been there long enough. Families have had to fight long enough. I am looking forward to the day when I can give that