

I only hope that one day, there will be no need for a National Missing Children's Day or a center to locate missing and exploited children. Until that day comes, I will continue to do whatever I can as a United States Senator to assist in the efforts to bring these children home and to impart the most severe punishment for any depraved person who harms a child. This issue is dear to my heart and I will remain close to the efforts to help children and their families. We will not stop until the problem has ceased.●

**"I TOLD YOU SO"—WHITE HOUSE  
MEMO LAYS GROUNDWORK FOR  
COERCION**

● Mr. ROTH. Mr. President, today the Associated Press broke a story that should take no one by surprise. The concern expressed on this floor as we debated reforming the Hatch Act was that without protection for Federal employees, a sitting President could coerce his appointees to contribute to his campaign.

Today, we see from a wire story that the White House has laid the groundwork for the kind of coercion we predicted.

A memo dated May 2 from White House Counsel Abner Mikva and addressed to "Heads of all All Agencies and Departments"—a memo written on official White House stationery, states that the Hatch Act Reform of 1993 "provided that civilian executive branch employees are no longer prohibited from making a political contribution to the reelection campaign committee of an incumbent President."

The memo then asks the agency heads to share the information with employees inside their agencies. Frankly, Mr. President, I find this absolutely outrageous, and believe that this memo could be seen as setting up a coercive situation for executive branch civilian employees—something I warned against when we considered the so-called reform of the Hatch Act.

The purpose of the Hatch Act was straightforward—to protect Federal employees from just this type of pressure. I fought tooth and nail against the repeal of provisions in the Hatch Act for just this reason. I find it interesting that of all of the changes made to the Hatch Act, contributing to the reelection campaign committee of an incumbent President is the change they chose to highlight. This memo is a glaring example of the abuses that can occur without the protection of the Hatch Act.

When the White House asks agency and department heads to tell their employees that they may contribute to their boss' reelection, that clearly can be seen as coercion. Those employees may feel that their continued employment depends on contributing. Furthermore, that this was sent out on official White House stationery makes things even worse.

What is an employee to think when he or she receives this information—

this narrow information—concerning the changes to the Hatch Act All the changes were highlighted by the media when the act was reformed. Certain, Federal employees kept themselves abreast of the news. "So why," one would have to ask, "would the highest levels at the White House use official stationery to direct attention to only one of several changes in the law?"

"Is it because the President wants to remind me that I serve at this leisure—and if I don't contribute, I may not serve?" As Ann McBride, president of Common Cause says, "There's just no way that a message comes from the White House and people don't feel some sense of implicit coercion."

This is unfair to our Federal employees. At a time when the President is seeking to build goodwill and esteem among those who work in the bureaucracy, he shouldn't be strapping them with the bill for his reelection campaign.

**THE AGENCY FOR HEALTH CARE  
POLICY AND RESEARCH**

● Mr. ROCKEFELLER. Mr. President, I would like to submit for the RECORD, a recent Washington Post article on the Agency for Health Care Policy and Research (AHCPR).

Before submitting the article, I would like to say a few words about the AHCPR. The Agency for Health Care Policy and Research (AHCPR) was established as the eighth agency in the Public Health Service by the Omnibus Budget Reconciliation Act of 1989. I was pleased to work on a bi-partisan basis—with Senators Mitchell, HATCH, DURENBERGER and KENNEDY, and Representatives Gradison, STARK, and WAXMAN—to help establish AHCPR.

In creating the agency, Congress gave increased visibility and stature to the only broad-based, general health services research entity in the Federal Government—one of the most important sources of information for policymakers and private sector decision-makers as they seek to resolve the difficult issues facing the Nation's health care system.

Congress gave AHCPR the following mission:

"to enhance the quality, appropriateness, and effectiveness of health care service and access to such services, through a broad base of scientific research and the promotion of improved clinical practice and in the organization, financing and delivery of health services.

The Members of Congress who supported the creation of AHCPR did so because of their concern that while the Nation was spending at that time some \$800 billion on health care, it is now more than a trillion dollars, we had little information on what works in the delivery or financing of care. We wanted to encourage support for research to find the best ways to finance and provide health care at the lowest cost and the highest quality. We believed then that for a relatively low expenditure

we could find ways to save health care money without sacrificing quality. The AHCPR's work has proven us right.

The 1989 Reconciliation Act authorized AHCPR to conduct research in three basic areas: Cost, Quality, and Access (CQA) and medical effectiveness research and outcomes research.

Cost, Quality and Access research funding has provided:

The fundamental research that led to the development of the Diagnosis Related Groups (DRG) system;

The basic research that first documented major variation in physician practice patterns;

A landmark study, called the Medical Outcomes Study (MOS) which will help understand the impact of financial incentives and practice setting (e.g. Health Maintenance Organizations vs. fee-for-service) on practice style and, in turn, on health outcomes;

Research that documented that utilization review can significantly cut utilization costs of health care; and

The most comprehensive survey on the costs and utilization patterns of AIDS patients, which will help target treatment programs, more effectively.

Part of AHCPR's work is in technology assessment and this effort has made a significant contribution to saving federal funds. For example, according to the Institute of Medicine, at least \$200 million a year in medicare expenditures are saved through AHCPR's technology assessment program. Again, AHCPR is helping us as policymakers understand what works.

Congress greatly expanded the federal effort to support research on the outcomes, appropriateness and effectiveness of health care services. The ultimate goal of this program is to provide information to health care providers and patients that will improve the health of the population and optimize the use of scarce health care resources. This program includes research, data development and development of clinical practice guidelines.

It was our hope that the guidelines, which are just that, not requirements, would lead us to find ways to save money without compromising care. It is now apparent that our modest investment in the process has paid off.

For example, AHCPR, research has found that some 90% of low back pain problems—a condition estimated to cost more than \$20 billion a year in health expenditures—disappear on their own in about one month. This finding has enormous cost savings implications.

One hospital in Utah found that after six months of using an AHCPR guideline on prevention of pressure ulcers that it saved close to \$250,000. That hospital is part of the Intermountain Health Care system which has now implemented the guideline in its 23 other hospitals. Use of this guideline has reduced the incidence of bed sores by 50% at savings of \$4,200 per patient.