

lawyer due to the accusation of anti-revolutionary activities against the Castro regime. Two years hence, she traveled to the United States in search of freedom and stability for her family and obtained employment as a bookkeeper and clerk in New York City.

The topic of education has been particularly important throughout Dr. Sanchez's career. She completed coursework at Columbia University that resulted in an 8-year assignment as a social worker. In 1974, Dr. Sanchez earned a masters degree in education from Montclair State College. She became a guidance counselor at East Side High School in Newark, NJ where she has facilitated the educational development of students for the past 20 years.

Community activism has been a hallmark of Dr. Sanchez's existence. In 1977, she joined the New Jersey Chapter of the National Association of Cuban-American Women [NACAW] because she believed that Cuban-American women need to participate in the professional and political world. Dr. Sanchez has served as president of the State chapter of NACAW and is currently its national president. She has accomplished much in the area of community service, including the founding of an annual toy distribution on Three Kings Day to foster the continuation of Spanish traditions, the establishment of the Elena Mederos Award, which recognizes the contribution of women to the advancement of the Hispanic community, and a yearly visit on Easter Sunday with a group of associates to children in the Jersey City Medical Center and an AIDS group home to bring them the joy of the holiday season.

It is an honor to have such an outstanding and considerate individual working on behalf of the residents of my district. Dr. Sanchez epitomizes the immensely positive influence one woman can have on the lives of others in her community. I am certain my colleagues will rise with me and honor this remarkable woman.

"SHE HAS NO IDEA WHAT'S GOING ON AROUND HER—HER PARENTS ARE BECOMING ALL TOO AWARE"

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, September 26, 1996

Mr. STARK. Mr. Speaker, I've just received a particularly moving letter about the problems facing American families in the era of managed care.

Today, I introduced legislation which will address some of the problems mentioned in the letter—in this case, timely appeals of coverage decisions and provision of specialty care locally. But there is clearly much, much more to do. Managed care companies—by making the kind of heartless decisions described in this letter—are sowing the wind. They should not be surprised if they reap the whirlwind.

Dr. Courtney's letter follows:

CHILD NEUROLOGY, INC.,
NEURODIAGNOSTIC LABORATORY
Mishawaka, IN, August 21, 1996.

Hon. FORTNEY PETE STARK,
House of Representatives, Cannon Office Building,
Washington, DC

DEAR REPRESENTATIVE STARK: Today was another in a string of very frustrating and

sad days. It was different from others in that the players made themselves so obvious. Often I have no one in particular to rail against. Today was different.

Stephanie is 16 months old. About 8 months ago she was abused at the hands of her day care worker. Looking at her MRI, only about 50 percent of her brain is left to perform the functions that it takes the rest of us 100% to accomplish. She may never behave appropriately. She will never think efficiently. She struggles through her week of therapies against the backdrop of seizures brought on by the beating she endured.

Her loving parents, having had a terrible time with conceiving Stephanie, were initially the prime suspects in her abuse. I was called to work with them shortly after they arrived at the hospital. The mother and father were then told that Stephanie was in a coma. They were not told that all the rest of us knew; Stephanie might not survive. The swelling of her brain, coupled with her seizures, might end her life. They could see that she had been damaged, but could not understand why anyone would want to accuse them of injuring someone they loved. They were accused anyway. So, in addition to having to weather their child's life and death fight, the parents had to face multiple meetings with social workers, psychologists, doctors, workers from the child protective agency, and a detective from the state police.

Now, 8 months later, I am looking at Stephanie's MRI and listening to her father tell me that their managed care company wants them to take her to Indianapolis to a panel-approved specialist, rather than the one that has been taking care of her since her admission to the hospital. The local specialist is boarded in the same specialty area as the one in Indianapolis and, in fact, is boarded in areas above and beyond the Indianapolis specialist. The HMO's position was clearly stated to the father as financially driven. The local specialist is not on their panel and they are not interested in establishing a relationship with him—even though he is willing to see the child for the same rate as the Indianapolis specialist and is only 20 minutes from the parent's home. It didn't end there.

The father, distraught by his continuing ordeal with the HMO, complained to his employer's personnel department about the treatment his daughter is receiving. He was subsequently pulled aside by his employer's Vice President and told that there were 80 other employees that he had to think about. If he "kept complaining about the insurance they had chosen, he could start looking for another job!"

This happens day after day. HMO's seem to be content as long as people are healthy. They define exclusions to coverage more extensive than the scope of that which they will cover. Mental health benefits, supposedly available, are almost impossible to have approved. The level of concurrent review is embarrassing for the patient and exhausting for the health care provider. The number of times this review occurs without the physician reviewer ever meeting or touching the patient is beyond belief. The medical reviewer almost never sees the patient. Moreover, diagnoses of the care-givers are constantly called into question or second-guessed by people employed by the insurance company without specialty training in our area of expertise, not licensed to practice, not trained in health care at all, and who are always advocates for the company and never advocates for the patient.

Within the last several years, you introduced and successfully passed an amendment to prevent doctors from operating medical businesses outside of their specialty area and outside of their total ownership (Stark). The

public interest is threatened by a doctor referring a patient to another business for the purpose of their own financial gain. However, managed care companies can create panels of "providers" whose contracted fees are based lower than the otherwise prevailing rates. The managed care company directs the patient to the panel doctor who charges the managed care company less and is rewarded for providing less. This occurs for the purpose of the financial gain of the managed care company. To be simple, this style of behavior clearly violates the intent behind your amendment. These care limitations, in turn, increase the managed care company's profits, resulting in higher salaries for middle and upper management.

As a provider of health care, I see the soul of my field, and medicine in general, being corrupted by improper and mephistophelean pacts with MBA's more concerned with numbers than they are about the patients. I know how the CEO in the managed care company would expect to be treated if it were his or her daughter whose MRIs were on my wall. They would never send their child 130 miles away for care that could be provided better locally. They would seek expensive and regular treatment for their tragically injured daughter. Our only hedge against a worsening condition for a child like this is to provide her with consistent and professional care. The best care, if available, is always local. These interventions may improve the child's future independence. They may improve her parent's will to continue to build their family.

Assurance against abuse on the part of insurers should be mandated. Insurance companies and managed care companies should be held accountable by holding them medically and legally liable for the medical decisions that they make under the guise of "financial decisions." They should not be allowed to operate outside of "safe harbors" without regulation. Insurance companies should not be in the business of making medical decisions which affect patients * * * it exemplifies an inherent conflict of interest. This basic and fundamental conflict of interest is a state both unethical and immoral.

In the meanwhile, Stephanie is sleeping in her father's arms. She has no idea what's going on around her. Her parents are becoming all too aware.

Sincerely,

JOHN C. COURTNEY, Psy. D.
Clinical Neuropsychologist,
Treasurer, Indiana Psychological Association.

TRIBUTE TO DAN STILL

HON. EDOLPHUS TOWNS

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Thursday, September 26, 1996

Mr. TOWNS. Mr. Speaker, service in the field of public and mental health is demanding and admirable. Dan Still has been performing work in this arena for his entire career, a career which began with the U.S. Public Health Service, Centers for Disease Control [CDC] working on the epidemiology of communicable diseases. Subsequently, he accepted an assignment with the New York City Department of Health and served as the administrative director of childhood lead poisoning and control, and later as the deputy administrator of the Department of Health.

When the New York City Health Services Administration was dissolved, Mr. Still assisted in the establishment of the Department of Mental Health Retardation and Alcoholism