

first. Robert Browning surely appreciated the mysteries and the joys of spring. As a poet must do if his works are to stand the test of time, he has distilled a deep feeling, the abiding joy and contentment in the Creator's handiwork, and decanted it in words of pure and simple beauty:

The year's at the spring,
And day's at the morn,
Morning's at seven;
The hill-side's dew-pearled;
The lark's on the wing;
The snail's on the thorn:
God's in his heaven—[and]
All's right with the world!

The vernal equinox is at hand, Mr. President, tolling its celestial chime of spring. Oh, welcome, spring! What a difference it makes. At the thought of spring, again to the words of William Wordsworth, "And then my heart with pleasure fills, and dances with the daffodils."

Mr. President, I yield the floor and suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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 President, I ask unanimous consent that the order for the quorum call be rescinded.

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

Mr. GRAMS. Mr. President, I ask unanimous consent to speak as in morning business for up to 5 minutes.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. GRAMS. Thank you very much.

RECOGNITION OF NATIONAL AGRICULTURE WEEK

Mr. GRAMS. Mr. President, I rise this afternoon just briefly to recognize National Agriculture Week. It is no secret that America's farmers are the most productive in the world, and it is so appropriate that we take a few moments to recognize their many, many contributions.

Agriculture is traditionally viewed as small family farms producing for a regional market. Local grain elevators, shipping interests, processors, banks, and consumers are all vital components in meeting the demands of a continually changing domestic and world market.

From the grocery store in Minneapolis to the rural implement dealer, each of us has an interest in ensuring a vibrant agricultural economy. But the foundation remains the individual producer. These are families who rise each morning and labor into the night to provide each of us the food we eat. These independent-minded individuals are heavy on common sense, and they are not predisposed to taking short cuts or pat answers.

Without a doubt, some of the best advice I receive comes from the savvy business men and women who are commonly called "farmers."

I was raised on an old-fashioned dairy farm in rural Minnesota. I know firsthand the hard work and dedication that it takes to do a job that is often overlooked and unrecognized.

However, a farmer's responsibility goes far beyond producing a crop or making sure that the cows are milked. To ensure continued productivity, he also must be an environmental steward of the land that he cultivates. In many cases, this leads to lower fertilizer inputs and enhanced wildlife habitat.

Mr. President, the last few years have brought about some great changes in agriculture. The 1996 farm bill was a step, I believe, in the right direction, yet the job is not yet finished. If farmers are to produce for the marketplace, we must give them the tools they need to manage their operations.

This includes addressing such issues as regulatory reform, risk-management options, and Federal crop insurance reforms. By providing farmers with the flexibility to manage their own businesses, we are ensuring a better future for everyone.

In an effort to produce for changing markets, groups of farmers across Minnesota are exploring ways to enhance their income and productivity through value-added ventures and cooperative research agreements.

It is this spirit of innovation that should be encouraged and not stifled by the heavy hand of Government. These farmers are the leaders of tomorrow who will ensure a safe and steady food supply for America and the world well into the next century.

So in short, Mr. President, we owe all those involved in agriculture a debt of gratitude, and I am very proud to join my colleagues in recognizing the outstanding contributions of America's agricultural sector.

With that, Mr. President, I thank you and yield the floor and suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

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

The PRESIDING OFFICER. Without objection, it is so ordered.

MORNING BUSINESS

Mr. LOTT. Mr. President, I ask unanimous consent that there now be a period of morning business with Senators permitted to speak for up to 5 minutes each.

The PRESIDING OFFICER. Without objection, it is so ordered.

THE VERY BAD DEBT BOXSCORE

Mr. HELMS. Mr. President, at the close of business yesterday, Thursday, March 19, 1998, the federal debt stood at \$5,537,630,079,097.83 (Five trillion, five hundred thirty-seven billion, six hundred thirty million, seventy-nine thou-

sand, ninety-seven hundred dollars and eighty-three cents).

One year ago, March 19, 1997, the federal debt stood at \$5,369,097,000,000 (Five trillion, three hundred sixty-nine billion, ninety-seven million).

Five years ago, March 19, 1993, the federal debt stood at \$4,216,608,000,000 (Four trillion, two hundred sixteen billion, six hundred eight million).

Twenty-five years ago, March 19, 1973, the federal debt stood at \$456,926,000,000 (Four hundred fifty-six billion, nine hundred twenty-six million) which reflects a debt increase of more than \$5 trillion—\$5,080,604,079,097.83 (five trillion, eighty billion, six hundred and four million, seventy-nine thousand, ninety-seven dollars and eighty-three cents) during the past 25 years.

MESSAGES FROM THE PRESIDENT

Messages from the President of the United States were communicated to the Senate by Mr. Williams, one of his secretaries.

EXECUTIVE MESSAGES REFERRED

As in executive session the Presiding Officer laid before the Senate messages from the President of the United States submitting a treaty which was referred to the Committee on Foreign Relations.

MEASURES REFERRED

The following bill, previously received from the House of Representatives for the concurrence of the Senate, was read twice, and referred as indicated:

H.R. 2294. An act to make improvements in the operation and administration of the Federal courts, and for other purposes; to the Committee on the Judiciary.

REPORTS OF COMMITTEES

The following reports of committees were submitted:

By Mr. DOMENICI, from the Committee on the Budget, without amendment:

S. Con. Res. 86. An original concurrent resolution setting forth the congressional budget for the United States Government for fiscal years 1999, 2000, 2001, 2002, and 2003 and revising the concurrent resolution on the budget for fiscal year 1998 (Rept. No. 105-170).

INTRODUCTION OF BILLS AND JOINT RESOLUTIONS

The following bills and joint resolutions were introduced, read the first and second time by unanimous consent, and referred as indicated:

By Mr. WYDEN (for himself and Mr. SMITH of Oregon):

S. 1807. A bill to transfer administrative jurisdiction over certain parcels of public domain land in Lake County, Oregon, to facilitate management of the land, and for other purposes; to the Committee on Energy and Natural Resources.

By Mr. REED (for himself, Mr. KENNEDY, and Mrs. MURRAY):

S. 1808. A bill to amend title XXVII of the Public Health Service Act and part 7 of subtitle B of title I of the Employee Retirement

Income Security Act of 1974 to establish standards for the health quality improvement of children in managed care plans and other health plans; to the Committee on Labor and Human Resources.

SUBMISSION OF CONCURRENT AND SENATE RESOLUTIONS

The following concurrent resolutions and Senate resolutions were read, and referred (or acted upon), as indicated:

By Mr. DOMENICI:

S. Con. Res. 86. An original concurrent resolution setting forth the congressional budget for the United States Government for fiscal years 1999, 2000, 2001, 2002, and 2003 and revising the concurrent resolution on the budget for fiscal year 1998; from the Committee on the Budget; placed on the calendar.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. REED (for himself, Mr. KENNEDY, and Mrs. MURRAY):

S. 1808. A bill to amend title XXVII of the Public Health Service Act and part 7 of subtitle B of title I of the Employee Retirement Income Security Act of 1974 to establish standards for the health quality improvement of children in managed care plans and other health plans; to the Committee on Labor and Human Resources.

THE CHILDREN'S HEALTH INSURANCE ACCOUNTABILITY ACT OF 1998

Mr. REED. Children should not be left out of the health care quality debate. I rise today to introduce legislation that provides common sense consumer protections for children in managed care. I am pleased that Senators KENNEDY and MURRAY are cosponsors of this legislation.

Not one of us can deny that managed care plays a valid role in our health care system. Managed care's emphasis on preventive care has benefits for young and old alike. And HMOs have resulted in lower co-payments for consumers and higher immunization rates for our children. But all too often these days we read a story in the paper about a child whose unique health care needs have not been met.

While the problems are clear, it is difficult to say how big a problem we have on our hands. However, the anecdotal evidence is overwhelming. And when it comes to our children, we should not take risks.

While there has not been a great deal of child-specific research in this area, one recent study by Elizabeth Jameson at the University of California compared the experiences of chronically ill children in California's Medicaid program to those in private managed care. There was an interesting irony in the study's findings—low income children in public programs receive age appropriate care that is consistent with recognized clinical guidelines, while those in private health plans often do not.

The study also found that: some managed care plans impose restrictions on referrals to pediatric specialists and

subspecialists for children with complex conditions; and, an increasing number of providers in managed care plans are attempting to treat complex pediatric conditions for which they have little experience.

The bill I am introducing is an attempt to address these issues by providing common sense protections for children in managed care. It is this simple: if we don't have health plan standards, there's no guarantee that we are providing adequate care for our children.

Our bill, The Children's Health Insurance Accountability Act, provides common sense protections for children in managed care plans—protections regarding access, appeals and accountability. These protections include: access to necessary pediatric services; appeal rights that address the special needs of children, such as an expedited review if the child's life or development is in jeopardy; quality programs that measure health outcomes unique to children; utilization review rules that are specific to children with evaluation from those with pediatric expertise; and child-specific information requirements that will help parents and employers choose health plans on the basis of care provided to children.

Mr. President, there is overwhelming public support for the ideas embodied in this legislation. According to a February 1998 survey by Lake Sosin Snell Perry and Associates and the Tarrance Group, 89 percent of adults surveyed favor having "Congress require HMO's and other insurance companies to allow parents to choose a pediatrician as their child's primary care physician." And 90 percent favor having "Congress require HMO's and other insurance companies to allow parents of children with special health care needs, like cerebral palsy, cystic fibrosis, or severe asthma, to choose a pediatric specialist to be their child's primary care physician." The poll also shows that people are willing to pay additional premiums adequate protections for children.

I am pleased that this legislation has the support of many groups, including the National Association of Children's Hospitals, the American Academy of Pediatricians, the Children's Defense Fund, Families USA, the National Organization of Rare Diseases, The Arc of the United States, Service Employees International Union, American Federation of State, County and Municipal Employees, the Association of Maternal and Child Health Programs, the National Mental Health Association, the American Academy of Child and Adolescent Psychiatry, the American Psychiatric Association, and the American College of Emergency Room Physicians.

Mr. President, the time is now for Congress to act. I urge my colleagues to join us in cosponsoring this bill, and to pass comprehensive managed care legislation that meets the needs of all of our citizens, including our children.

Mr. President, I ask unanimous consent that the text of the bill and a summary be printed in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

S. 1808

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Children's Health Insurance Accountability Act of 1998".

SEC. 2. FINDINGS.

Congress makes the following findings:

(1) Children have health and development needs that are markedly different than those for the adult population.

(2) Children experience complex and continuing changes during the continuum from birth to adulthood in which appropriate health care is essential for optimal development.

(3) The vast majority of work done on development methods to assess the effectiveness of health care services and the impact of medical care on patient outcomes and patient satisfaction has been focused on adults.

(4) Health outcome measures need to be age, gender, and developmentally appropriate to be useful to families and children.

(5) Costly disorders of adulthood often have their origins in childhood, making early access to effective health services in childhood essential.

(6) More than 200 chronic conditions, disabilities and diseases affect children, including asthma, diabetes, sickle cell anemia, spina bifida, epilepsy, autism, cerebral palsy, congenital heart disease, mental retardation, and cystic fibrosis. These children need the services of specialists who have in-depth knowledge about their particular condition.

(7) Children's patterns of illness, disability and injury differ dramatically from adults.

SEC. 2. AMENDMENTS TO THE PUBLIC HEALTH SERVICE ACT.

(a) PATIENT PROTECTION STANDARDS.—Title XXVII of the Public Health Service Act is amended—

(1) by redesignating part C as part D; and

(2) by inserting after part B the following new part:

"PART C—CHILDREN'S HEALTH PROTECTION STANDARDS

"SEC. 2770. ACCESS TO CARE.

"(a) ACCESS TO APPROPRIATE PRIMARY CARE PROVIDERS.—

"(1) IN GENERAL.—If a group health plan, or a health insurance issuer, in connection with the provision of health insurance coverage, requires or provides for an enrollee to designate a participating primary care provider for a child of such enrollee—

"(A) the plan or issuer shall permit the enrollee to designate a physician who specializes in pediatrics as the child's primary care provider; and

"(B) if such an enrollee has not designated such a provider for the child, the plan or issuer shall consider appropriate pediatric expertise in mandatorily assigning such an enrollee to a primary care provider.

"(2) CONSTRUCTION.—Nothing in paragraph (1) shall waive any requirements of coverage relating to medical necessity or appropriations with respect to coverage of services.

"(b) ACCESS TO PEDIATRIC SPECIALITY SERVICES.—

"(1) REFERRAL TO SPECIALITY CARE FOR CHILDREN REQUIRING TREATMENT BY SPECIALISTS.—

"(A) IN GENERAL.—In the case of a child who is covered under a group health plan, or