

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 picture back to Mr. and Mrs. Luker and say: We did it.

Today we can begin that process. Let's not fight about all the various wranglings of the internal politics of this body. Let's keep our focus on the Jessicas and on the families of this country. If we do the right thing, ev-

erybody will be able to celebrate that we have created the important patient protections that our families in this country need.

I yield back, Mr. President.

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

CONCLUSION OF MORNING BUSINESS

Mr. REID. My understanding is that the hour of morning business is now terminated; is that right?

The PRESIDING OFFICER. The Senator is correct.

Mr. REID. 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. DASCHLE. Mr. President, I ask unanimous consent the order for the quorum call be rescinded.

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

Mr. DASCHLE. Mr. President, this is an important day—and one that has been a long, long time coming.

It has been nearly 5 years since President Clinton, at the time, appointed an independent panel of health care experts and asked them to come up with a Patients' Bill of Rights.

It has been more than 4 years since President Clinton urged Congress to pass a Patients' Bill of Rights reflecting the panel's recommendations.

It has been more than 3 years since the first bipartisan Patients' Bill of Rights was introduced in the House.

And, it has been nearly 2 years since the last time we debated a real Patients' Bill of Rights here in the Senate.

We have talked long enough. There is only one thing left to do. We need to pass a real, enforceable Patients' Bill of Rights now.

The reason we are debating this bill is because so many people—inside and outside of Congress—refused to give up. I especially want to thank the Senate sponsors: my colleague, Senator KENNEDY, who has spent his entire adult life—nearly 40 years—working to improve health care for all Americans; my colleague, Senator JOHN EDWARDS, who has played an indispensable role in finding an honest, honorable middle ground on the difficult question of liability; and my colleague, Senator JOHN MCCAIN, for having the courage—once again—to disregard party labels and challenge the special interests in order to change what needs to be changed.

This bill matters—deeply matters—to America's families. More than 70 percent of all Americans with insurance and 80 percent of all Americans who get their insurance on the job—are now in some kind of managed care program. To them, this isn't a political issue; it can be a life-or-death issue.

This bill ensures that doctors, not insurance companies, make medical decisions. It guarantees patients the right