that protection. If you purchase your insurance as an individual, you are under State insurance commissioner protection. But if you receive your insurance through your employer, Congress 25 years ago passed a bill that basically said that health plan can give a definition of whatever they want to medical necessity.

Now, let me explain what that means. Before coming to Congress I was a reconstructive surgeon. I took care of children with cleft lips and palates, a hole in the lip and a hole in the roof of the mouth. The prevailing standard of care for treatment of that is surgical correction so that the child can learn to speak, so that food does not come out of his nose.

There are health plans, HMOs, that define medical necessity as the cheapest, least expensive care, quote, unquote. So what would that mean to a child with a cleft palate? It would mean that that health plan could say, Hey, we are not going to give you surgery to fix that defect that you are born with; we are just going to give you a piece of plastic to shove up into that hole. Will that little boy or girl be able to speak correctly? No. But it does not matter, because under federal law the health plan can determine medical necessity.

We need to change that. That change is in the bill that the AMA is endorsing.

The AMA talks about accountability of health plans. If they are making medical decisions, they ought to be responsible for those point of service, emergency services, prohibiting gag clauses that will keep physicians from being able to tell a patient all of their treatment options.

Let me say why. I have just examined a patient, a woman, with a lump in her breast, and she belongs to an HMO, and that HMO has a gag clause that says before you tell a patient her treatment options, you have to first get an okay from us. So I listen to this patient’s story, I examine her, and then I have to say, Excuse me, go out to the phone, get an HMO on the line and say, This patient has three treatment options, one of which may be more expensive than the other. Is it all right to tell her about them? That is absurd. It is ridiculous. But do you know what? Those types of practices have happened. Those types of contracts exist, or at least have existed until we started to shine the light of the disaffected upon those practices. We need to make sure that I can tell that patient her treatment options, whether her plan covers it or not. She deserves to know all of her treatment options.

Those are important reasons why, for instance, the American Medical Association has given its endorsement to the bipartisan Consensus Managed Care Improvement Act.

How about the American Osteopathic Association? The American Osteopathic Association represents the Nation’s 93,000 osteopathic physicians. Eugene Oliveri, Dr. Oliveri says, “As president, I am pleased to let you know that the AOA endorses the Bipartisan Consensus Managed Care Improvement Act of 1999. Why? Because physicians are allowed to determine medical necessity. Health plans are accountable for their actions, a fair and independent appeals process is available and the protections apply to all Americans. Employers and patients.”

This letter says, “are tired of not receiving the care they are promised, they pay for and they deserve, and H.R. 2723 will help bring quality back into health care.”

Here I have another letter of endorsement. This is from the American Dental Association.

“On behalf of the 144,000 members of the American Dental Association, we wish to endorse H.R. 2723, the Bipartisan Consensus Managed Care Improvement Act of 1999. This is the first truly bipartisan comprehensive patient protection bill in the 106th Congress.”

This was a letter to Congressman Norwood.

“By joining forces with Representative Dingell, you have breathed new life into the movement to establish a few basic rules to protect all privately insured Americans from unfair and unreasonable delays and denials of care.”

The letter goes on: “We recognize that powerful groups that oppose managed care reform will continue spending millions of dollars in their relentless efforts to scare the public and badger lawmakers who attempt to improve the health care system. However, we will not succumb to fear that our members know of your courageous efforts on behalf of them and our patients. Patient protection is a genuine grassroots issue that cuts across geographic, economic and political boundaries, and we believe that only bipartisan action will achieve the goal that you want.”

Here I have a news release from the American Academy of Family Physicians: “Today the 88,000 member American Academy of Family Physicians endorsed its support for H.R. 2723.”

I have here a letter of endorsement from the American College of Physicians, the American Society of Internal Medicine: “The American College of Physicians, ASIM, is the largest medical specialty society in the country, representing 115,000 physicians who specialize in internal medicine and medical students. The American College of Physicians believes that any effective patient protection legislation must be extended to all Americans, not just those in employer plans, require that physicians rather than health plans make determinations regarding medical necessity, provide enrollees with a timely access to a review process that is independent, offer all enrollees in managed care plans a point of service that enables them to obtain care from physicians outside the network and hold all health plans accountable.”

Mr. Speaker, I have a letter of endorsement from the American Academy of Pediatrics: “Cared for the Nation’s 55,000 general pediatrician-pediatric medical specialists and pediatric surgical specialists, I am writing to express our strong support of H.R. 2723. We are especially pleased that your legislation recognizes the unique needs of children and addresses them appropriately. Children are not little adults. Their care should be provided by physicians who are appropriately educated in unique physical and developmental issues surrounding children’s health.”

You clearly recognize this, and have included access to appropriate pediatric specialists, and we are endorsing your bill.”
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free of any punitive damages liability. That is a fair, commonsense compromise that saves hundreds of lives.

Furthermore, in our bill we have a provision that says, you know, if an employer simply contracts with an HMO, the HMO makes the decision, the employer has nothing to do with the decision, then the employer cannot be held liable, either. The responsibility lies with the entity that makes a decision that could result in a negligent harm to a patient.

What kind of problems are we talking about? Let me give you one example. A few years ago a young mother was taking care of her infant son, 6-month-old infant son, in the middle of the night. The family lived south of Atlanta, Georgia.

Little Jimmy Adams had a temperature of 105 degrees. Mom looked at this baby and knew that baby Jimmy was pretty sick, so she goes on the phone. She does what she is supposed to. She is in an area where she has a 1-800 number. She gets some voice from thousands of miles away and explains the situation.

The reviewer, the HMO bureaucrat, says, all right, I will let you take Jim. I will authorize an emergency room visit for little Jimmy, but only at this hospital. If you go to any other hospitals, then you are going to pay the bill.

It so happens that the hospital that was authorized was 70-some miles away. It is 3:30 in the morning. Mom and dad wrap up little Jimmy. They get into the car. They start to drive this long distance to the emergency room, even though Jimmy is looking really sick. But his mom and dad are not health professionals. On their way to Hospital X they pass three other hospital emergency rooms, but they are not authorized to stop there. They know that they would get stuck with the bill.

They do not know exactly how sick Jimmy is, so they drive on. Before they get to the designated hospital, little Jimmy has a cardiac arrest and stops breathing. Imagine, dad driving frantically, mom trying to keep baby Jimmy alive. They swing finally into one of the hospital rooms.

Mom jumps out with baby in her arms, saying, help me, help me. A nurse comes out and starts mouth-to-mouth resuscitation. They put them in the IVs. They give the medicines. Somehow or other they get little Jimmy back and he lives. But because of the medical decision that that HMO made, saying no, you cannot go to the nearest hospital, Jimmy is, even though Jimmy is really sick, you have to go 70 miles away, and he has this arrest because of that decision, well, little Jimmy is alive, but because of that arrest he ends up with gangrene in both hands and both feet, and both hands and both feet have to be implemented.

So I phoned Jimmy’s mother recently to find out how he is doing. He is learning how to put on his leg prostheses. He has to have a lot of help to get his bilateral hooks. He will never play basketball. I understand the Speaker of the House that he will never wrestle. When he grows up and gets married, he will never be able to caress the cheek of the woman that he loves with his hand.

Do Members know what that HMO is liable for under Federal law? Nothing, nothing, other than the cost of the amputations. Is that fair? Is that justice? I will tell the Members what, these victims of managed care, that the managed care companies just call anecdotes, if you prick their finger, if they have a finger, they bleed. They are our neighbors, or they may be our own families. I could tell hundreds of stories like this.

That is why these organizations say a primary part of this legislation should involve responsibility for an HMO that makes medical decisions.

Here I have a letter of endorsement from the American College of Obstetricians and Gynecologists. The American College of Obstetricians and Gynecologists is pleased to offer its support for the bipartisan consensus Managed Care Reform Act of 1999. This legislation would guarantee direct access to OB-GYN care for women enrolled under managed care, pretty important.

Here is a letter of endorsement from the American Psychological Association. “The American Psychological Association expresses our strong support for H.R. 27. Broad bipartisan support for this legislation represents a major breakthrough on behalf of patients’ rights. An analysis of the bill shows that the insurance and managed care industry could generate income of $2.9 billion for every 1 percent of claims that are delayed over 1 year.”

That is the provision that is in the other body. Our provision in this bill makes for timely appeals. We appreciate the endorsement of the American Psychological Association.

The American Occupational Therapy Association endorses this bill. “Over the August recess we have notified our members, asking them to talk to their legislators. Please let us know if we can assist you in your efforts to have comprehensive managed care legislation addressed on the House floor.”

The American Public Health Association, which represents more than 50,000 public health professionals, endorses the bipartisan bill because the bill would “improve access to emergency services, allow more people to enter clinical trials,” something the HMO industry has run away from, “provide patients with a fair appeals process for denied claims, lift barriers to specialty care, and hold HMOs accountable.”

“We understand,” this letter says, “that some within the managed care industry oppose any government regulation. But this issue is a very important issue for consumers, health care providers, and the public health community. H.R. 2732 is a significant and commonsense protection for managed care patients.”

Here I have an endorsement by the American Association for Marriage and Family Therapy: “On behalf of the 46,000 marriage and family therapists throughout the United States, we want to applaud Congressman Norwood and Representative Dingell for their effort to provide Americans with comprehensive patient protections. Provisions of significance to our organization include an independent review process for determination of medical necessity, the ability of people with special health care needs and chronic conditions to continue to access their doctors, the ability of people with rheumatoid arthritis being able to continue to see their rheumatoid arthritis doctor.”

We have an endorsement from the American Counseling Association: “H.R. 2732 provides a wide array of consumer protections, including key components for mental health providers and their clients.”

I have an endorsement from the American Academy of Ophthalmology. I am so proud of the provider groups who have given endorsements for this bill, because this bill is a patient protection bill. It is not a provider bill. There are issues that separate some of these groups. Not all of these groups see eye to eye on health care policy.

Here is an example. We have an endorsement by the American Academy of Ophthalmology and an endorsement by the Opticians Association. Sometimes these groups have policy disagreements, but on this issue they are in 100 percent agreement that patients need protection, basic protection, commonsense protection, from HMO abuses.

The opticians say, “This bill gives basic, commonsense protections to millions of Americans, and it is certainly refreshing to see the bipartisan way it was approached.”

I have a letter of endorsement from the American Podiatric Medical Association, foot doctors, foot specialists. I have the same endorsement from the orthopedic surgeons.

I have an endorsement here from the American Medical Association. We have an endorsement from the National Organization of Doctors Who Care. They say, “We strongly support H.R. 2732 because it ensures fairness and accountability in our health care delivery system lacking in the bill that passed the Senate,” and other legislation that has gone before, and that is a real concern that passed this House of Representatives in the last Congress.

They go on and say in their letter, and I think this is important, “We are
not against managed care. It does have a place. However, we are strongly against managed care plans not towing the line on patients. We believe they should be accountable for their medical decisions which adversely affect patient care.”

I have here an endorsement from Physicians for Reproduced Choice in Health Care. This organization is especially pleased that H.R. 2723 would ensure that medical judgments are based solely by health care providers. This is particularly important in that women should have direct access to women specialists.

We have the National Patient Advocate Foundation endorsing this bill. They go on and say in this endorsement, “Please note our strong endorsement of the bipartisan consensus Managed Care Improvement Act of 1997, our endorsement of this legislation, and for each member of our United States House of Representatives who has contributed to this debate and to this resulting legislation in the last 3 years.”

They say, “As one whose companion organization, the Patient Advocate Foundation, served over 6,000 patients last year who confronted insurance denials, of which more than 50 percent involved employer plans, our cases reflect an urgent need for a timely resolution and remedy for ERISA enrollees.”

Then we have an endorsement from the Patient Access Coalition. This includes a lot of groups. I cannot name all 128 of the groups under this umbrella organization, but I want to just go through some of them, because this organization encompasses a lot of patient advocacy groups, groups that work for patients, for instance, that have multiple sclerosis or arthritis.

Some of these organizations are the Digestive Disease National Coalition, the Epilepsy Foundation. Remember, these organizations which I am reading are endorsing organizations for H.R. 2723.

There is the Guillain-Barre Foundation, the Huntington’s Disease Society of America, the Infectious Disease Society of America, the Lupus Foundation, the National Committee to Preserve Social Security and Medicare, the National Hemophilia Foundation, the National Multiple Sclerosis Society, the National Psoriasis Foundation, the Paget Foundation for Paget’s Disease, the Pain Care Coalition, the Patient Advocates for Skin Disease Research, Scoliosis Research Society, the Society for Excellence in Eye Care, United Ostomy Association. The American Heart Association is an endorsing organization. The American Liver Association is, the American Lung Association, the Crohn’s and Colitis Foundation, the American Diabetes Association.

These are just a few of the 128 organizations in this one umbrella organization that has endorsed the Bipartisan Consensus Managed Care Reform Bill.

Why are these patient advocacy groups endorsing this bill? One of the main things that they are interested in the American Cancer Society, the American Heart Association, the American Lung Association, the American Liver Association, is because there is a provision in this bill that says, if a patient is getting standard treatment and it is not working, the patient is out of luck, that that patient should be able to qualify for an experimental study; that the HMO would not incur the cost of the special treatment in that study, but that the HMO should be liable for the cost of the special treatment in the clinical trial.

I am going to give my colleagues a personal example. Over the August recess, my father was in the hospital for 3 weeks with congestive heart failure. He had to receive intravenous medication in order to keep his heart pumping strong enough so that his kidneys would work. He could not get out of the hospital. Well, an HMO could have said, “Well, his time is up. We are not going to authorize any payments for any treatment related to a clinical trial.”

Fortunately, my dad is not in an HMO like most Americans are, so he was able to qualify for an experimental study in which a special type of cardiac pacemaker was inserted into both sides of his heart which, when it was turned on, gave his heart enough boost so that, within about 24 hours, he made a remarkable recovery; and he is now out of the hospital, and he is walking in the malls. A lot of HMOs would say, “Well, that is experimental treatment. We are not going to even cover the cost of the hospital room.” But our bill says that, if a patient has no other options, then the HMO has to pick up routine costs, not the costs of the device or the medicine, but the ancillary things like the cost of the hospitalization or the cost of the blood work. That is fair and reasonable. But HMOs, they look at the bottom line.

A lot of HMOs would say, “Well, that is experimental treatment. We are not going to even cover the cost of the hospital room.” But our bill says that, if a patient has no other options, then the HMO has to pick up routine costs, not the costs of the device or the medicine, but the ancillary things like the cost of the hospitalization or the cost of the blood work. That is fair and reasonable. But HMOs, they look at the bottom line. I had a pediatrician once who worked just outside of Washington come into my office. She is now working in the National Institutes of Health. She had managed a pediatric intensive care unit.

I said, “Why did you decide to go back into academic medicine?” She said, “I just could not put up with the HMO bureaucracies anymore. Let me give you an example. A few years ago, we had a little boy come into our intensive care unit. He had drowned. He was still alive, but he was a victim of drowning. We had him on the ventilator. We had him in the ICU, and it is some bureaucrat in an HMO saying, ‘Well, how is this little boy doing?’ ‘Well, he is on the ventilator. Chances, you know, are he is not going to do too good.’ Well, the answer came over the telephone, ‘If he is on the ventilator and his prognosis is poor, why do you not just send him home on a ventilator?’”

Now think about that for a minute. One is a mom and dad, and one’s little boy is drowned. He is now in the hospital. They have been there a few hours. People are fighting to save his life, and an HMO bureaucrat is saying, well, his prognosis is not good just send him home. Our bill would prevent that type of abuse.

Then we have another letter of endorsement from the Paralysis Society of America. They represent 20,000 people with spinal cord injury and disease. This letter says, “Particular attention is given to those portions of the legislation covering freedom of choice, specialists, and clinical trials.” Very important issue for them.

Here I have a letter of endorsement from the American Cancer Society, and it is a good letter. I would like to read all of it for my colleagues, but I do not have the time. “On behalf of the American Cancer Society and its 2 million volunteers, 2 million volunteers, I commend you for sponsoring H.R. 2723, the Bipartisan Consensus Managed Care Act of 1997. Nearly 140 million insured Americans are in some kind of managed care. This includes many of the approximately 1.23 million people diagnosed with cancer each year. In addition, the National Cancer Institute estimates that 8 million Americans today have a history of cancer. Your legislation adequately addresses our concerns in a way that will help individuals affected or potentially affected by cancer be assured access to the care that they need.” That is their entire letter.

Here I have an endorsement from the National Association of Mental Illness. “On behalf of the 208,000 members and 1,200 affiliates for the National Alliance of the Mentally Ill, I am writing to express our support for your legislation, the Bipartisan Consensus Managed Care Improvement Act.” “This protection,” this letter says, “is critically important for people with serious brain disorders such as schizophrenia and manic-depressive illness who depend on newer medications as their best hope for recovery.”

Here I have a letter of endorsement from the American Federation of
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Teachers. This is from Charlotte Fraas, Director of Federal Legislation. “I am writing on behalf of over 1 million members of the American Federation of Teachers to urge you to support H.R. 2723, the Bipartisan Consensus Managed Care Empowerment Act of 1999. The AFT is proud to represent over 53,000 health care professionals who know such protections for patient advocacy are essential for quality health care.”

I have a letter of endorsement from the Service Employees International Union. “On behalf of the 1.3 million members of Service Employees International Union, I am writing in support of the Bipartisan Consensus Managed Care Improvement Act of 1999, H.R. 2723.”

“...As a union representing over 600,000 frontline health care workers, we know how important it is to protect health care workers who speak out against patient care deficiencies. Employers should be prohibited from firing or retaliating against such workers. We are going to encourage health professionals to report patient care problems.”

Here I have a letter of endorsement from the American Federation of State, County and Municipal Employees. “AFSCME represents over one million members” we thank you for your leadership on the Bipartisan Consensus Managed Care Improvement Act. They are endorsing this bill.

I have a letter here of endorsement from the Center from Patient Advocacy. “Since our founding in 1995, the Center for Patient Advocacy has been a leading supporter of strong enforceable managed care reform legislation. Every day we work with patients across the country who have experienced problems with managed care. We know firsthand the barriers to care that patients face, including limits on access to care and coverage for specialty care, emergency room care, arbitrary medical decisions based on cost rather than a patient’s specific medical need and the lack of a timely independent and fair appeals process. Most alarming, however, is that managed care plans, not patients and their doctors, continue to make medical decisions without being held accountable for their decisions that harm patients.”

I have here a letter of endorsement from the Friends Committee on National Legislation. “This is a Quaker lobby in the public interest. This letter from Florence Kimball says, “I am writing on behalf of the Friends Committee on National Legislation to express our strong support for the Bipartisan Consensus Managed Care Improvement Act of 1999.”

“The Friends Committee on National Legislation supports a health care sys-
Care Improvement Act of 1999. We strongly feel it ensures fairness and accountability. These qualities have been lacking in the House where a grassroots advocacy organization made up of more than 500 member organizations and 60,000 individual members dedicated to the eradication of breast cancer through advocacy and action. One of our concerns has been access to clinical trials, and your bill has that in it." I have here a letter of endorsement from the American Lung Association: “Health consumers deserve quality health insurance. Far too often we hear of cases where health insurers have obstructed or denied insured patients the care they need. Your legislation will help end many of the abuses.”

Well, Mr. Speaker, I have gone through some of the letters of endorsement that I have received and others have received in endorsing H.R. 2723, the bipartisan patient protection legislation. But the hour is getting late. We have another speaker who has come up on my order, so I will just close with this comment to my colleagues on both sides of the aisle.

It is now September. The Speaker of the House, the gentleman from Illinois (Mr. HASTERT), indicated back in July that we would see a full and fair debate on this floor in July. It did not happen. We have had our August recess. The Speaker has said now that he expects we will see a full managed care debate on this floor in September. Those are the words of the Speaker of the House. I think we should hold the Speaker to his promise.

This is an important issue. There are lots of patients out there at this very moment that may not be getting the type of treatment that they need to save their lives because we have not passed this legislation. Mr. Speaker, I call on my colleagues on both sides of the aisle to support a bipartisan bill that can be signed into law; that can go a long ways towards correcting the abuses we hear about from our constituents.

Mr. Speaker, I include for the RECORD the letters and other documents I referred to earlier.

GROUPS ENDORSING H.R. 2723, THE BIPARTISAN CONSENSUS MANAGED CARE IMPROVEMENT ACT OF 1999

1. Alexandria Graham Bell Association for The Deaf, Inc.
2. Allergy and Asthma Network—Mothers of Asthmatics Inc.
3. Alliance for Children & Families
4. American Academy of Allergy and Immunology
5. American Academy of Child & Adolescent Psychiatry
6. American Academy of Facial Plastic and Reconstructive Surgery
7. American Academy of Family Physicians
8. American Academy of Neurology
10. American Academy of Otolaryngology-Head and Neck Surgery
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<td>American Society for Therapeutic Radiology Oncology</td>
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<td>American Society of Anesthesiology</td>
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MEMBERSHIP LIST OF THE PATIENT ACCESS COALITION

Allergy and Asthma Network—Mothers of Asthmatics, Inc.
The Alexandria Graham Bell Association for the Deaf, Inc.
American Academy of Allergy and Immunology
American Academy of Child & Adolescent Psychiatry
American Academy of Dermatology
American Academy of Facial Plastic and Reconstructive Surgery
American Academy of Neurology
American Academy of Ophthalmology
American Academy of Orthopaedic Surgeons
American Academy of Otolaryngology—Head and Neck Surgery
American Academy of Pain Medicine
American Academy of Physical Medicine & Rehabilitation
American Association for Hand Surgery
American Association for Holistic Health
American Association for the Study of Headache
American Association of Clinical Endocrinologists
American Association of Clinical Urologists
American Association of Hip and Knee Surgeons
American Association of Neurological Surgeons
American Association of Oral and Maxillofacial Surgeons
American Association of Orthopaedic Foot and Ankle Surgeons
American Association of Private Practice Psychiatrists
American College of Allergy and Immunology
American College of Cardiology
American College of Foot and Ankle Surgeons
American College of Gastroenterology
American College of Nuclear Physicians
American College of Osteopathic Surgeons
American College of Radiation Oncology
American College of Radiology
American College of Rheumatology
American Dental Association
American Diabetes Association
American ERG Society
American Gastroenterological Association
American Heart Association
American Lung Association
American Medical Rehabilitation Providers Association
American Orthopaedic Society for Sports Medicine
American Osteopathic Academy of Orthopedists
American Osteopathic Surgeons
American Pain Society
American Physical Therapy Association
American Podiatric Medical Association
American Psychiatric Association
American Psychological Association
American Sleep Disorders Association
American Society for Dermatologic Surgery
The American Society of Dermatopathology
American Society for Gastrointestinal Endoscopy
American Society for Surgery of the Hand
American Society for Therapeutic Radiology and Oncology
American Society for Anesthesiology
American Society for Cataract and Refractive Surgery
American Society of Clinical Pathologists
American Society of Colon Rectal Surgery
American Society of Dermatology
American Society of Echocardiography
American Society of Foot and Ankle Surgeons
American Society of General Surgeons
American Society of Hand Therapists
American Society of Hematology
American Society of Nephrology
American Society of Pediatric Nephrology
American Society of Plastic and Reconstructive Surgeons, Inc.
American Society of Transplant Surgeons
American Thoracic Society
American Urological Association
Amputee Coalition of America
Arthritis Foundation
Arthroscopy Association of North America
Association of American Cancer Institutes
Association of Freestanding Radiation Oncology Centers
Association of Subspecialty Professors
Asthma & Allergy Foundation of America
California Access to Specialty Care Coalition
California Congress of Dermatological Societies
College of American Pathologists
Congress of Neurological Surgeons
Cooley’s Anemia Foundation
Crohn’s and Collitis Foundation of America
Cystic Fibrosis Foundation
Diageneotics
Dysplasia Disease National Coalition
The Endocrine Society
Epilepsy Foundation of America
Eye Bank Association of America
Federated Ambulatory Surgery Association

CONGRESSIONAL RECORD—HOUSE 20949
Gullain-Barré Syndrome Foundation
Huntington’s Disease Society of America
Infectious Disease Society of America
Joint Council of Allergy, Asthma and Immunology
Lupus Foundation of America, Inc.
National Association for the Advancement of Orthotics and Prosthetics
National Association of Epilepsy Centers
National Certification of Medical Directors of Respiratory Care
National Committee to Preserve Social Security and Medicare
National Foundation for Ectodermal Dysplasias
National Hemophilia Foundation
National Multiple Sclerosis Society
National Organization of Physicians Who Care
National Osteoporosis Foundation
National Psoriasis Foundation
National Rehabilitation Hospital
National Right to Life Committee
North American Society of Pacing and Electrophysiology
Orthopedic Trauma Society
Outpatient Ophthalmic Surgery Society
The Paget Foundation for Paget’s Disease of Bone and Related Disorders
Pain Care Coalition
Patient Advocates for Skin Disease Research
Pediatric Orthopaedic Society of North America
Pediatric Medical Group: Neonatology and Pediatric Intensive Care Specialist
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Society of Critical Care Medicine
Society of Gynecologic Oncologists
Society of Nuclear Medicine
Society of Surgical Oncology
Society of Thoracic Surgeons
The TMJ Association, Ltd.
United Ostomy Association

ANA ENDSORSES BIPARTISAN MANAGED CARE BILL
ANA ENCOURAGES CONGRESS TO CONTINUE WORKING TOGETHER & PASS BIPARTISAN BILL


“ANA is pleased to endorse this bill and encouraged by the cooperation and compromises made to achieve real progress on managed care reform,” said ANA President Beverly L. Malone, RN, CNE. “It is heartening to see Congress working together to solve problems—this is how Congress should be working.”

ANA has been a strong supporter of managed care reform legislation and believes every individual should have access to health care services along the full continuum of care and be an empowered partner in making health care decisions. Given the nursing profession’s preeminent role in patient advocacy, ANA is particularly heartened by the steps to protect registered nurses (RNs) and other health care professionals from retaliation when they advocate for their patients’ health and safety.

“As the nation’s foremost patient advocates, RNs need to be able to speak up about inappropriate or inadequate care that would harm their patients,” said Malone. “Nurses at the bedside know exactly what happens when care is denied, comes too late or is so inadequate that it leads to inexcusable suffering, which is why we need to maintain strong patient protection language in this bill. Nurses want to see strong, comprehensive patient protection legislation enacted this year.”

AMERICAN MEDICAL ASSOCIATION,
Chicago, IL., August 30, 1999,
Hon. CHARLIE NORWOOD,
House of Representatives, Washington, DC.

DEAR CONGRESSMAN NORWOOD: The 300,000 physician and student members of the American Medical Association (AMA) strongly urge the House of Representatives to begin debate on and pass meaningful patient protection legislation.

The AMA has endorsed H.R. 2723, the “Bipartisan Consensus Managed Care Improvement Act of 1999,” introduced by Representatives Charles Norwood and John Dingell, which would guarantee meaningful protections to all patients and enjoy broad bipartisan support. The AMA also continues to work with Representatives Tom Coburn and John Shadegg, who are in the process of drafting patient protection legislation. Whichever bill becomes the vehicle for real patient protections, the AMA endorses.

As the nation’s foremost patient advocate, the AMA has joined a bipartisan effort to develop legislation that would reform managed care. The AMA appreciates the bipartisan efforts by House members to introduce legislation that would protect patients. For instance, a patient who is suffering severe chest pain and believes he or she is having a heart attack should be able to go to the nearest emergency room and be covered for treatment received.

Prohibition On Gag Clauses

Health plans and insurance issuers must be prohibited from including gag clauses within their contracts with physicians. Gag clauses seek to prevent physicians from discussing with their patients plan or treatment options or disclosing financial incentives that may affect the patient’s treatment. These clauses are a violation of the patient-physician relationship and can create real conflicts between patients and their physicians.

Information Disclosure

Group health plans and health insurance issuers must be required to provide enrollees with important and basic information about their medical coverage. Plans and issuers should identify the benefits offered, including covered benefits, benefit limits, coverage exclusions, prior authorization rules, appeals procedures, and other basic information. Patients deserve to know exactly what they are paying for.

In conclusion, the AMA appreciates the bipartisan efforts by House members to introduce legislation that would promote fairness in managed care. We urge you to support legislation containing these essential protections for all patients and to request prompt floor action on managed care reform legislation in September.

Respectfully,
E. RAYE E. ANDERSON, JR., MD.

AMERICAN ACADEMY OF FAMILY PHYSICIANS,

HEALTH CARE STEPS TAKEN
PATIENT CARE REMAINS PRIORITY

WASHINGTON, D.C.—The 88,000-member American Academy of Family Physicians (AAFP) today announced its support for two major managed care reform bills that are likely to be considered by the U.S. House of Representatives this fall: H.R. 2723, The Bipartisan Consensus Managed Care Improvement Act of 1999, introduced by Representatives Charles Norwood (R-GA) and John D.
CONGRESSIONAL RECORD—HOUSE

September 8, 1999

Hon. Charles Norwood,
House of Representatives, Washington, DC.

DEAR REPRESENTATIVE NORWOOD:

On behalf of the 130 patient advocacy and provider organizations that comprise the Patient Access Coalition, we deeply appreciate and acknowledge your ongoing support for reform that would improve patient access to care and patient autonomy in decision making while assuring patients access to independent, external review and offering plan accountability for decisions made. Each area in which we have concentrated our efforts has achieved success in the form of the Bipartisan Consensus Managed Care Improvement Act of 1999.

The Bill affords protections to all people with employment-based insurance (including state and local government workers) and people who buy their insurance on their own who feel affords them the opportunity for regulation and enforcement of industry standards for the majority of insured Americans.

The Bill establishes a uniform standard of accountability for health plans who make coverage decisions which is consistent with the level of accountability that exists for every business and industry that provides service to Americans and that becomes legislatively and independently reviewable when it comes to the highly discretionary and political coverage denying actions of health insurers. As the need for patient protections indicates, even those poorly insured under a variety and complexity of health care plans—the details of which often elude access to necessary, timely and quality health care.

Therefore, as we support HR 2723, we urge you to use the lessons of these two years as a launching pad toward universal access to quality, affordable health care. Universal access to affordable quality health care will be

KATHY THORNTON, RSM,
National Coordinator,
CATHARINE PINKERTON,
CSJ,
NETWORK Lobbyist.

Hon. CHARLES NORWOOD,
U.S. House of Representatives, Washington, DC.

DEAR REPRESENTATIVE NORWOOD:

On behalf of our patient and health care constituents, I write to commend your leadership in bringing a Bipartisan Consensus Managed Care Improvement Act of 1999 (H.R. 2723) to the United States House of Representatives.

Many members of the House of Representatives have sought to support reform that would improve patient access to care and patient autonomy in decision making with their health care providers.

Therefore, as we support HR 2723, we urge you to use the lessons of these two years as a launching pad toward universal access to quality, affordable health care. Universal access to affordable quality health care will be

KATHY THORNTON, RSM,
National Coordinator,
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The Bill assures that medical judgements are being made by medical experts and their patients. It is our position that the provisions of this legislation that assure patient access to Clinical trials, access to prescription drugs, and access to specialists are critical because in some cases, not on the HMO's predetermined formulary when the treating physician deems the medication as needed for optimum benefit of patient care and the provision that doctors and nurses will not confront retaliation when they report quality problems all combine to assure higher standards of quality care for patients that will enhance disease survival and extend life.

Please note our strong endorsement of the Bipartisan Consensus Managed Care Improvement Act of 1999, our endorsement for each of the co-sponsors of this legislation and for each member of our United States House of Representatives who has contributed to this debate and to this resulting legislation over the course of the last three years. It was our recent pleasure to honor both you and Congressman Dingell with our National Humanitarian Award on July 22, 1999 in Washington. Certainly the leadership that you both exhibit in the development, sponsorship and negotiation of this bill as you see it on the floor of the House for debate is consistent with our evaluation of each of you as recipients of our award. Thank you for your noble leadership in addressing the matters embodied in this Managed Care Improvement Act. We encourage House Speaker Dennis Hastert to place this Bill on the floor of the House for debate and to allow your peers on the House of Representatives to vote their conscience in support of H.R. 273.

Respectfully submitted,

Nancy Daversport-Ennis, Founding Executive Director.


Dear Representative Norwood: On behalf of the American College of Surgeons, I am pleased to offer to the College's endorsement of Bipartisan Consensus Managed Care Improvement Act of 1999, H.R. 2723. This Act encompasses all of the provisions that the College believes are critical to ensuring that all privately insured patients have access to the most appropriate medical care. This legislation stands in stark contrast to the inadequate managed care reform legislation that the Senate passed in July.

The College believes that all patients should have timely access to appropriate specialty care. Patients should not be forced by their health plan to endure unnecessary delays in accessing specialty care nor should they be forced to receive care from a specialist who does not have the appropriate training and experience to treat their condition. We are pleased to note that H.R. 2723 requires health plans to allow patients to have timely access to specialty care and to go out-of-network for specialty care at no additional cost to the patient. This provision means that any patient protection legislation must provide adequate protections for patients to obtain care from physicians outside the health plan's network. If health plans continue to make medical determinations, then they should be held liable to at least the same degree as the treating physician. We are pleased to note that H.R. 2723 would allow patients to hold health plans liable when the plan's decisions cause permanent or serious physical harm. In addition, the College agrees that it is reasonable to prohibit enrollees from suing their health plan for punitive damages if the health plan abides by the decision of the independent external review entity.

All of these provisions, along with the numerous other provisions included in H.R. 2723, address the critical patient needs in our nation's changing health care system. Once again, the College is pleased to offer its support for the Bipartisan Managed Care Improvement Act of 1999, H.R. 2723. As you work to secure the passage of this legislation, we look forward to working with you, the Republican and Democratic leadership and, in fact, all the Members of the House of Representatives to ensure that comprehensive managed care reform legislation is enacted this year.

Sincerely,

George F. Sheldon, MD, FACS,
President.

OFFICE FOR CHURCH IN SOCIETY

The United Church of Christ, Washington, DC, August 10, 1999.


Dear Representative Norwood: I am pleased to offer to the College's endorsement of Bipartisan Consensus Managed Care Improvement Act of 1999, H.R. 2723. This Act encompasses all of the provisions that the College believes are critical to ensuring that all privately insured patients have access to the most appropriate medical care. This legislation stands in stark contrast to the inadequate managed care reform legislation that the Senate passed in July.

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Sincerely,

Rev. Dr. Pat Conover,
Policy Advocate.


Hon. Charles Norwood, House of Representatives, Washington, DC.

Dear Representative Norwood: I am pleased to offer to the College's endorsement of Bipartisan Consensus Managed Care Improvement Act of 1999, H.R. 2723. This Act encompasses all of the provisions that the College believes are critical to ensuring that all privately insured patients have access to the most appropriate medical care. This legislation stands in stark contrast to the inadequate managed care reform legislation that the Senate passed in July.

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Sincerely,

Alan R. Nelson, MD, FACP,
Associate Executive Vice President.


Hon. Charles Norwood, House of Representatives, Washington, DC.

Dear Congressman Norwood: On behalf of the American Academy of Pediatrics, I am writing to express our strong support of your recently introduced legislation, the Bipartisan Consensus Managed Care Improvement Act of 1999 (H.R. 2723). We look forward to working with you and your colleagues to ensure that strong patient protection legislation becomes law this year.
September 8, 1999

CONGRESSIONAL RECORD—HOUSE

We are especially pleased that your legislation recognizes the unique needs of children and addresses them appropriately. Children are not little adults. Their care should be provided by physicians who are appropriately trained in the unique physical and developmental issues surrounding the care of infants, children, adolescents and young adults. You clearly recognize this and have included appropriate pediatric specialists, as well as other important protections for children, as key provisions of your legislation.

Thank you for your efforts and we look forward to working with you to enact strong patient protection legislation. Please do not hesitate to contact me or Graham Henson of our Washington office if we can be of assistance.

Sincerely,

JOEL J. ALPERT, MD, FAAP
President

AMERICAN PSYCHOLOGICAL
ASSOCIATION,

Hon. CHARLIE NORWOOD,
House of Representatives,
Washington, DC.

DEAR DR. NORWOOD:

On behalf of the 159,000 members and affiliates of the American Psychological Association (APA), I am writing to express our strong support for the bipartisan Consensus Managed Care Improvement Act (H.R. 2723), which you have introduced with Representative John D. Dingell.

Broad bipartisan support for this new legislation represents a major breakthrough on behalf of patients’ rights. You bill covers all persons who have insurance and includes much needed patient protections, strong reforms of the managed care industry and due process protections for providers. APA is especially grateful that you have continued to champion our top legislative priority, removing the ERISA shield from health plan legal accountability. As in your previous bills that APA has endorsed since 1996, H.R. 2723 permits persons who have been injured by decisions of health plans that delay or deny care to hold them legally accountable. We believe that enactment of this special exemption will be a strong incentive for health plans to deliver clinically necessary care, obviating the need for lawsuits.

Improving access to health care through an appeals process without legal accountability clearly would not be sufficient. A new analysis of the Senate-passed bill, S. 144, shows that the insurance and managed care industry could generate interest income of $280 million for every one percent of claims that are delayed for the full 377 days permitted. This PricewaterhouseCoopers analysis helps reframe the debate on the need for incentives to ensure that correct decisions are made by health plans to begin with and that health plans do not abuse an appeals process.

H.R. 2723 also includes the requirements that those in closed panel health plans be offered a point of service plan at the time of enrollment, enabling care outside of a network. The bill reflects a procompetitive provision banning health plans from excluding a class of providers—such as specialists—from their networks. Medical necessity decisions would be made by clinical peers in a fair and independent appeals process, moving the system away from accountability to a sole provider of licensure. APA appreciates your continued leadership on these vital issues and will continue to work with you to win enactment of comprehensive managed care quality legislation.

Sincerely,

RUSS NEWMAN, Ph.D., J.D.

DEAR CONGRESSMAN NORWOOD: The American College of Obstetricians and Gynecologists (ACOG) is pleased to offer its support for the Bipartisan Consensus Managed Care Improvement Act of 1999. This legislation would guarantee direct access to ob-gyn care for women enrolled in managed care.

Women need the assurance that they can receive care for their women’s health needs from their ob-gyns without the added time, expense, and inconvenience of first having to get permission from their primary care physicians. Your legislation would ensure this fundamental patient protection to all women in managed care plans.

Today, many managed care plans require women—even pregnant women—to get permission slips from their primary care physicians before they can see their ob-gyns. Sixty percent of ob-gyns in managed care plans report that their gynecologic patients are either limited or barred from seeing their ob-gyns without obtaining permission from another physician. An astounding 28% report that their pregnant patients must first receive another physician’s permission before seeing their ob-gyns. To make matters worse, nearly 75% of ob-gyns report that their patients have to return to their primary care physicians for permission before the ob-gyn can provide necessary follow-up care.

Direct access to ob-gyns for all covered obstetric and gynecological follow-up care, as under the plan, will help to ensure quality health care for women, including pregnant women and their infants. Thank you for your leadership and commitment to these vital goals. We look forward to working closely with you as this legislation moves toward enactment.

Sincerely,

RALPH W. HALE, M.D.,
Executive Vice President.

CENTER FOR PATIENT ADVOCACY,
McLean, VA, August 9, 1999.

Hon. CHARLIE NORWOOD,
Longworth Office Building, Washington, DC.

DEAR CONGRESSMAN NORWOOD: The Center for Patient Advocacy is pleased to support the “Bipartisan Consensus Managed Care Improvement Act of 1999.”

In 1995, the Center for Patient Advocacy has been a leading supporter of strong, enforceable comprehensive managed care reform legislation. We have continued to emphasize, patients are being held legally accountable for their decisions that harm patients. The Bipartisan Consensus Managed Care Improvement Act is a common-sense approach that addresses these problems. In this era where the pressure to reduce costs often comes at the expense of patient care, not only is it appropriate, but imperative that Congress act and pass legislation to protect patients from managed care abuses.

We commend your continued leadership in the managed care reform debate and your tireless efforts to secure a strong, enforceable and bipartisan solution to the problems patients across the country are facing. As we have continued to emphasize, patients are not calling on Congress to pass a Republican or Democrat bill. They are calling on Congress to pass bipartisan legislation that will truly provide them with needed protections and empower patients and their physicians with the decisions affecting their health care. And we believe that the Bipartisan Consensus Managed Care Improvement Act will do just that.

Sincerely,

TERRE MCFILLEN-HALL,
Executive Director.

AMERICAN OSTEOPATHIC ASSOCIATION,

Hon. CHARLES NORWOOD,
U.S. House of Representatives, Washington, DC.

DEAR CONGRESSMAN NORWOOD: The American Osteopathic Association (AOA) represents the nation’s 34,500 osteopathic physicians. As President, I am pleased to let you know that the AOA endorses your bill, the “Bipartisan Consensus Managed Care Improvement Act of 1999” (H.R. 2723).
CONGRESSIONAL RECORD—HOUSE
September 8, 1999

The AOA advocates, on behalf of patients, for strong, meaningful, and comprehensive protections. After six years of debate and delay, we believe that H.R. 2723 is the bipartisan legislation that will ensure the AOA’s long sought principles. These include: ensuring that all people have access to affordable and medically necessary healthcare; that patients can go to the health care providers of their choice; and that patients know the necessary quality of care, access to quality services, and freedom of choice to make their own reproductive health decisions.

The American Dental Association, on behalf of the 144,000 members of the American Dental Association, wish to endorse H.R. 2723, the Bipartisan Consensus Managed Care Improvement Act of 1999. This is the first truly bipartisan, comprehensive patient protection bill in the 106th Congress. With Representative Dingell, you have breathed new life into the movement to establish a few basic rules to protect all insured patients from unfair and unreasonable delays and denials of care.

We recognize that the powerful groups that oppose managed care reform will continue spending millions of dollars in their relentless efforts to scare the public and badger lawmakers who attempt to improve the health care system. However, we will do all we can to make sure that all of our members know of your courageous efforts on behalf of them and their patients.

Patient protection is a genuine grassroots issue that cuts across geographic, economic and political boundaries. We believe that only bipartisan action will solve the problems in the health care system, and your bill represents a major, positive step in the right direction.

Sincerely,

S. TIMOTHY RISE, D.D.S., M.A.
President

AMERICAN CANCER SOCIETY,

HON. CHARLES NORWOOD,
U.S. House of Representatives, Washington, DC.

DEAR REPRESENTATIVE NORWOOD: On behalf of the 144,000 members of the American Dental Association, we wish to endorse H.R. 2723, the Bipartisan Consensus Managed Care Improvement Act of 1999. This is the first truly bipartisan, comprehensive patient protection bill in the 106th Congress. With Representative Dingell, you have breathed new life into the movement to establish a few basic rules to protect all insured patients from unfair and unreasonable delays and denials of care.

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Sincerely,

S. TIMOTHY RISE, D.D.S., M.A.
President
September 8, 1999

CONGRESSIONAL RECORD—HOUSE 20955

Representative, for any additional informa-
tion you or your staff may need.

Sincerely,

KERIE WILSON,
National Vice President, Policy Advocacy.

AMERICAN ACADEMY OF
OPHTHALMOLOGY,
Washington, DC, August 30, 1999.

Hon. CHARLES NORWOOD,
Chairman,
Longworth Office Building,
Washington, DC.

DEAR REPRESENTATIVE NORWOOD: The American Academy of Ophthalmology (AAO) would like to thank you for your introduction of H.R. 2723, the Bipartisan Consensus Managed Care Improvement Act of 1999. Your bill contains the core patient protections the AAO supports and believes should be a part of all managed care plans.

AAO is the world’s largest educational and scientific organization of eye physicians and surgeons (Eye M.D.s), representing over 26,000 members, dedicated to the treatment and diagnosis of disorders of the eye. AAO supports H.R. 2723 on the basis that it would guarantee the following six protections to the millions of Americans enrolled in managed care plans:

1. An annual and point-of-service (POS) option at the time of enrollment;
2. Timely access to specialty care;
3. A fair and expedited independent appeals process;
4. A consumer information checklist;
5. A ban on financial incentives that result in the withholding of care or a denial of a referral; and
6. A ban on ‘‘gag clauses’’ which prohibit a provider from giving patients certain information, including treatment options.

We look forward to working with you to ensure passage of a strong, comprehensive and meaningful patient protections bill this Congress. Again, thank you for introducing your bill and for championing this issue in the House of Representatives.

Sincerely,

WILLIAM L. RICH, III, MD.
Secretary for Federal Affairs.

FRIENDS COMMITTEE ON
NATIONAL LEGISLATION,
Washington, DC, August 26, 1999.

Re Managed Care Improvement Act.

Representative CHARLES NORWOOD,
U.S. House of Representatives,
Washington, DC.

DEAR REPRESENTATIVE NORWOOD: I am writing on behalf of the Friends Committee on National Legislation (FCNL, a Quaker lobby in the public interest) to express our strong support for the Bipartisan Consensus Managed Care Improvement Act of 1999 (H.R. 2723).

FCNL supports a health care system whose primary goal is maintaining and improving the health of the population. In recent years, managed care has taken over as the dominant health care delivery system. The shift to managed care has reflected the belief, particularly within the business community, that managed care does a substantially better job of controlling health care costs than does traditional fee-for-service insurance. Thus, managed care organizations are under strong pressure to keep costs down. In addition, many managed care organizations operate on a for-profit basis which exerts pressures to reduce outlays. These changes in the structure of health care insurance have created a situation in which patients’ interests can (and sometimes do) take a back seat. While we are sensitive to the economic issues in health care, we also believe that reform and regulation are necessary in order to ensure that managed care organizations hold the interests of patients as a prime focus.

Following are some of the provisions of H.R. 2723 that are of particular importance to FCNL.

Scope of coverage: We support extending managed care protections to all HMO members, people in the U.S. with private insurance. This would complement the protection already afforded to those in Medicaid and Medicare managed care.

Access to care: We strongly favor efforts to reduce and eliminate bureaucratic obstacles that some patients have faced as they seek access to physicians and needed health care services. For example, we support access to closest emergency room, without prior authorization and without higher costs; guarantee access to needed health care specialists, outside the network, if needed; access to pediatric specialists; the right of women to directly access obstetric care; and access to adverse event reports or materials for those with no other effective option.

Protection of Doctor/Patient Relationship: We oppose limitations placed on physicians by HMOs or insurance companies that reduce their ability to treat or communicate with patients. For example, we believe that legislation should prohibit gag clauses that restrict the freedom of health care providers to discuss all treatment options with patients; limit financial incentives to withhold care; ensure continuity of care so that patients in the middle of long-term treatment plans do not suffer an abrupt transition of care if their physician or other provider is dropped from the plan; and assure that health care professionals who report deficiencies in the quality of health care services will not experience retaliation by the plan.

Accountability: We support the right of patients to timely appeals of health plan decisions and to be able to hold health plans accountable for decisions. Examples of such rights include access to internal and independent external appeals processes that are fair, unbiased, and timely; and a mechanism that holds health plans legally accountable when their decisions harm patients.

FCNL applauds the efforts of your colleagues to pass legislation that would provide these and other related protections to patients in managed care plans.

Sincerely,

FLORENCE C. KIMBALL,
Legislative Education Secretary.

AMERICAN FEDERATION OF TEACHERS,
Washington, DC, August 20, 1999.

DEAR REPRESENTATIVE NORWOOD: On behalf of the 1.3 million members of the American Federation of State, County and Municipal Employees (AFSCME), I am writing to thank you for your leadership in introducing the Bipartisan Consensus Managed Care Improvement Act of 1999 (H.R. 2723). This compromise legislation provides meaningful reform of managed care with significant and important protections for patient advocacy.

In particular, we are pleased that the bill extends patient protections to all of those who are covered by managed care plans rather than just limited segments of the insured population. Importantly, the bill holds all, rather than just some, plans accountable for treatment denials which result in the injury or death of patients. But the liability shield now enjoyed by self-funded plans is removed in a balanced way, providing that there will be no punitive damages where the plan has followed the required procedures of an external review panel. Further, the bill makes clear that employees cannot be sued unless they intervene in treatment decisions.

In particular interest to AFSCME members who work in health care, H.R. 2723 includes important protections for physicians and nurses who raise concerns or warnings about patients’ quality of care, and these protections will allow health care professionals to speak, without fear of reprisal, to appropriate public regulatory agencies, appropriate private accrediting bodies, plan administrators or their employers. The provision protecting patient advocacy will help accomplish the bill’s overall goal of improving the quality of health care for all.

In sum, H.R. 2723 would accomplish reform in a meaningful, yet balanced way. We thank
you for co-sponsoring this important legislation.

Sincerely,
GERALD W. McENTEY, International President.

AMERICAN THORACIC SOCIETY
AND THE AMERICAN LUNG ASSOCIATION,
Washington, DC, August 24, 1999.

HON. CHARLES NORWOOD,
Representative, U.S. House of Representatives,
Washington, DC.

DEAR REPRESENTATIVE NORWOOD: On behalf of the American Lung Association and its grassroots Medical Section, the American Thoracic Society, I want to congratulate you for introducing the Bi-Partisan Patient Protection legislation (H.R. 2723). The ALA/ATS strongly support this important legislation.

American consumers deserve quality health insurance. Far too often we hear of cases where health insurers have either obstructed or completely denied insured patients access to the care they need. Insurers, by design or default, are preventing patients from getting the care they need.

Your legislation will help end many of the abuses in our nation’s health insurance system. Your legislation will give all of our nation’s insured individuals access to specialists, a swift appeals process and legal recourse for denied care, and will ensure physicians—not insurers—determine medical necessity. Important patient protections are needed to restore confidence to our nation’s health care system.

The American Lung Association and the American Thoracic Society are ready to work with you and other Members of Congress to quickly enact this important legislation. Again, thank you for your leadership on this important issue.

Sincerely,
FRAN DUMELLE, Deputy, Managing Director.

NATIONAL BREAST CANCER COALITION,
Washington, DC, August 24, 1999.

Representative JOHN DINGELL,
Representative NORWOOD, U.S. House of Representatives,
Washington, DC.

DEAR REPRESENTATIVES: On behalf of the National Breast Cancer Coalition, I write to thank you for your leadership in offering H.R. 2723, The Bipartisan Consensus Managed Care Improvement Act of 1999. Passage of this legislation would ensure that patients in private health plans have access to legitimate patient protections.

The National Breast Cancer Coalition is a grassroots advocacy organization made up of more than 500 member organizations and 60,000 individual members dedicated to the eradication of breast cancer through advocacy and action. We have long been committed to working with Members of Congress to enact meaningful health care reform. While many versions of “patient protection” legislation have been discussed in the past, we appreciate your leadership on introducing strong and comprehensive bipartisan legislation that brings us one step closer to achieving our goal.

One of NBCC’s top concerns is breast cancer patients’ access to clinical trials. Women with breast cancer often seek participation in clinical research studies as their best treatment option. It is unconscionable that their health plans deny payment for even routine patient care cost like physician and hospital charges merely because patients are receiving treatment in the context of a clinical trial versus standard treatment (H.R. 2723), which would require health plans to cover routine patient care costs for cancer patients enrolled in approved clinical trials, is a critical step in including greater participation in clinical research.

We also want to thank you for including access to specialty care in the Bipartisan Consensus legislation. This provision is extremely important to ensure that individuals in private health plans have access to the specialty care they need—an essential component of a meaningful patients’ bill of rights. We are pleased that this legislation would allow breast cancer patients to go straight to their oncologists should that be medically appropriate.

Finally, NBCC appreciates your recognition that a right without strong enforcement is no right at all. By holding plans accountable when their decisions to withhold or limit care injures patients, H.R. 2723 ensures that insurers are subject to the same rules and legal penalties for injuries as any other industry. This provision is absolutely essential to any meaningful managed care reform, and we are pleased that the Bipartisan Consensus bill incorporates this provision.

Thank you again for your outstanding leadership. We look forward to working with you to get the work done.

Sincerely,
GERALD W. McENTEY, President.

AMERICAN LUNG ASSOCIATION
AND THE AMERICAN THORACIC SOCIETY
Washington, DC, August 24, 1999.

PROTECT WOMEN’S HEALTH IN MANAGED CARE REFORM

DEAR REPRESENTATIVE: On behalf of the 150,000 members of the American Association of University Women (AAUW), I urge you to support the Bipartisan Consensus Managed Care Improvement Act of 1999 (H.R. 2723), introduced by Reps. Charlie Norwood (R-GA) and John Dingell (D-MI), which the House considers managed care reform legislation. AAUW believes that H.R. 2723 will ensure accountability of managed care plans and a health care delivery system that fully meets the needs of women and families.

AAUW believes that only H.R. 2723 will significantly improve managed health care for all consumers, and especially for women. H.R. 2723 covers all 148 million privately insured Americans and addresses a broad range of issues that will provide quality, timely, and appropriate health care to all consumers; ensure patients’ rights; and meet the needs of women and their families. H.R. 2723 guarantees that patients can have a health plan’s decision to deny care reviewed by an independent medical expert, and holds managed care plans accountable when their decisions to withhold or limit care cause injury to women. As women would have assured access to medical treatments and therapies including clinical trials, this is highly significant as women of color are often under-represented in clinical trials. In addition, the inclusion of access to all prescription drugs is crucial to women because it: Ensures that women with severe mental illnesses and their families, NAMI believes that federal standards are necessary to ensure that access to health care is not compromised in the name of cost savings. We support your efforts as an important step forward in protecting the interests of consumers and their families in the health care system.

In particular, NAMI is especially pleased that your legislation will address critical issues that are important to the 208,000 members and 1,200 affiliates of the National Alliance for the Mentally Ill (NAMI). We are writing to express our support for your legislation, the Bipartisan Consensus Managed Care Improvement Act of 1999 (H.R. 2723). As the nation’s largest organization representing people with severe mental illnesses and their families, NAMI believes that federal standards are necessary to ensure that access to health care is not compromised in the name of cost savings. We support your efforts as an important step forward in protecting the interests of consumers and their families in the health care system.
September 8, 1999

CONGRESSIONAL RECORD—HOUSE

NATIONAL ORGANIZATION OF PATIENTS WHO CARE

San Antonio, TX, August 24, 1999.

HON. CHARLIE NORWOOD,

Longworth HOB, Washington DC.

DEAR CONGRESSMAN NORWOOD, I am president of Patients Who Care, Inc. ("PWC"). It is a not-for-profit organization which is devoted to protecting the doctor-patient relationship and ensuring quality health care. Formed in 1985 in San Antonio, Texas the organization has approximately 4,000 members, most of them doctors in private practice. PWC believes that doctors and patients are partners in the delivery of care and the management of medical care. PWC believes that doctors are free to diagnose, prescribe, test and treat patients without undue outside interference. We affirm the right of the physician, as the provider of care, to diagnose, prescribe, test and treat patients without undue outside interference. We affirm the right of the patient, as the person most affected by care, to choose his or her own physician and help determine the type of treatment received.

On behalf of PWC and its board of directors, I am writing to you now. As you know, one of the major issues facing our country today is our health care delivery system—quality, access, delivery, accountability and fairness. We are apprised that this issue will come before the Senate next month after Congress reconvenes from its summer recess.

We have reviewed H.R. 2723, the bill introduced into the House by Representatives Norwood and Dingell. It is known as the "Bipartisan Consensus Managed Care Improvement Act of 1999." We strongly support it as it ties fairness and accountability in our health care delivery system that has been lacking in what the Senate has passed and other legislation that has gone before (H.R. 2723). We ask that you vote in favor of it.

Now is the opportunity to vote on legislation which will support the ability of patients to receive proper care from their providers and provide providers with measures of confidence and comfort not known by them since managed care and managed care plans were foisted upon patients and physicians.

We are particularly concerned by the wording in H.R. 2723 relating to external appeals. The ability of patients to sue their health plans and managed care organizations like HMOs (just like physicians, hospitals and others who make medical decisions in patient care), excluding employers from liability unless they are involved in the same medical decision-making that presently exposes physicians, hospitals, nurses and the like.

Moreover, we are mindful that opponents of this type legislation raise costs as an issue or that employers will not be able to provide health insurance to their employees if the ERISA preemption is lifted or even that lifting this preemptive effect will cause more lawsuits. To these points, we respectfully and firmly disagree! Opponents are using emotion and "scare tactics" to avoid fact and the ability of all patients to receive proper and quality health care.

We are not against managed care; it does have a place. However, we are strongly critical of the type of "managed care" that is currently under way. This type of "managed care" is no more than "managed cost". For example, PWC supports the managed care plans are failing—200 in California alone.

Now may be the last time that you have to provide effective relief to patients and their providers who are covered by managed care plans. Your decision may do it for you (as recent decisions in the last few years seem to strongly indicate.)
Thank you, Sincerely, STEVIE C. JOHNSON, CLU, RHU, President.

P.S. It is also our understanding that most "individual" health care plans, not currently under ERISA, will not be affected by this legislation, or be required to conform to H.R. 2723, please be vigilant of this issue which our members have raised.

ALLIANCE FOR CHILDREN AND FAMILIES, August 24, 1999.
Hon. CHARLES NORWOOD, U.S. House of Representatives, Washington, DC.

DEAR REPRESENTATIVE NORWOOD: We at the Alliance for Children and Families are writing to express our support for the Bipartisan Consensus Managed Care Improvement Act (H.R. 2723), which you have introduced with Representative Dingell. The Alliance, an international nonprofit association representing over 350 child- and family-serving organizations, supports this important legislation to protect patients' rights. Alliance members serve more than 5 million individuals each year in more than 2,000 communities.

Broad bipartisan support for this new legislation represents a major breakthrough on behalf of all Americans. This legislation provides essential protections for all consumers in the private health insurance marketplace. H.R. 2723 ensures that medical decisions will be in the hands of medical experts. It permits people to hold their managed care plans accountable when plan decisions to withhold or limit care result in injury or death. We believe that holding health plans accountable will be a strong incentive for them to deliver clinically necessary care, minimizing the need for lawsuits.

We support your bill because it includes much needed patient protections, strong reforms of the managed care industry and due process protections for providers. It ensures that patients have access to a fair and independent external review for cases in which care is denied. H.R. 2723 also ensures that patients have access to specialists, including when appropriate, specialists outside a plan's network.

Thank you for your leadership in protecting patients' rights through the Bipartisan Consensus Managed Care Improvement Act of 1999.

Yours sincerely,

CARMEN DELGADO VOTAW, Senior Vice President, Public Policy.

PARALYSIS SOCIETY OF AMERICA, August 23, 1999.
Hon. CHARLIE NORWOOD, U.S. House of Representatives, Longworth Building, Washington, DC.

DEAR REPRESENTATIVE NORWOOD: On behalf of the Paralysis Society of America (PSA), I am writing to voice support for H.R. 2723, the Bipartisan Consensus Managed Care Improvement Act of 1999.

We are pleased to see that the consensus bill combines the patient protections found in the major managed care reform bills introduced this year, including H.R. 216, the Quality Care Act, and H.R. 358, the Patients’ Bill of Rights. We also note the importance of H.R. 2723 as a bipartisan bill. Legislatively, it is important that this bipartisan Congress keep their commitment to the American people to develop a balanced approach to improving the health care system. We urge Congress to pass H.R. 2723, the Bipartisan Consensus Managed Care Improvement Act of 1999.

Yours sincerely,

CARMEN DELGADO VOTAW, Senior Vice President, Public Policy.

PARALYSIS SOCIETY OF AMERICA, August 23, 1999.
Hon. CHARLIE NORWOOD, U.S. House of Representatives, Longworth Building, Washington, DC.

DEAR REPRESENTATIVE NORWOOD: We at the Paralysis Society of America (PSA) support this bipartisan legislation, the Bipartisan Consensus Managed Care Improvement Act of 1999.

We are pleased to see that the consensus bill combines the patient protections found in the major managed care reform bills introduced this year, including H.R. 216, the Quality Care Act, and H.R. 358, the Patients’ Bill of Rights. We also note the importance of H.R. 2723 as a bipartisan bill. Legislatively, it is important that this bipartisan Congress keep their commitment to the American people to develop a balanced approach to improving the health care system. We urge Congress to pass H.R. 2723, the Bipartisan Consensus Managed Care Improvement Act of 1999.

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Yours sincerely,

CARMEN DELGADO VOTAW, Senior Vice President, Public Policy.

PARALYSIS SOCIETY OF AMERICA, August 23, 1999.
Improvement Act of 1999. I am pleased to announce my support for this proposal. Embodying every principle the Association has embraced as essential for meaningful managed care reform, we are convinced its enactment is in the best interest of all Americans.

The strong bipartisan support your measure has heretofore generated is compelling evidence that, given a fair hearing by the full House, a comprehensive patient-oriented reform package can prevail. To this end we offer our understanding and enthusiastic support.

Best regards!

Sincerely Yours,
Ronaldo S. Lefow, DPM,
President.

Opticians Association of America,
Fairfax, VA, August 24, 1999.

Hon. Charles Norwood,
Chairman, Committee on Ways and Means;
Chairman, Subcommittee on Oversight and Investigations,
U.S. House of Representatives,
Washington, DC.

DEAR REPRESENTATIVE NORWOOD: On behalf of the Board of Directors and the members of the Architects, Washington, DC.

DEAR REPRESENTATIVE NORWOOD: The American Osteopathic Association (AOA) represents the nation’s 43,500 osteopathic physicians. As President, I am pleased to let you know that the AOA endorses your bill, the Bipartisan Consensus Managed Care Improvement Act of 1999 (H.R. 2723).

The AOA advocates, on behalf of patients, for Congress to enact strong, meaningful, and comprehensive protections. After six years of debate and delay, we believe that H.R. 2723 is the bipartisan legislation that will ensure the AOA’s long-sought principles. These include: physicians allowed to determine medical necessity; health plans held accountable for their actions; a fair and independent appeals process available to patients, and protections which apply to all Americans.

Over the last two decades, managed care has become less interested in delivering quality healthcare to patients. Instead, the focus seems entirely on the bottom line. It is clear that managed care companies are especially important. First and foremost, this bill will provide patients with real, enforceable assurances that they will receive the care they need and have purchased from managed care companies. If passed by Congress, this bill will: improve access to emergency services; allow more people to enter clinical trials; provide patients with a fair appeals process for denied claims; lift barriers to specialists; and hold plans responsible for the medical decisions they make.

Furthermore, the bill’s broad bipartisan cosponsorship—and announced support from President Clinton—makes it Congress’ best chance to complete action on this important issue this year.

We understand that some within the managed care industry oppose any government regulation, but this issue is a very important one for consumers, health care providers, and the public health community. Your steadfast commitment to reform and your strong leadership throughout this debate are commendable. H.R. 2723 is a significant and survey reveals Americans’ growing dis-
would like to express our endorsement for the Bipartisan Consensus Managed Care Improvement Act of 1999, H.R. 2723. We appreciate your leadership, along with Representative John Dingell, in continuing to pursue strong, comprehensive legislation that protect access to all medically necessary specialty care using appropriate utilization review standards; protect patients’ rights to choose a health care plan allowing out-of-network care; prohibit discrimination by managed care programs in the provision of health care services; require timely independent due process procedures; and hold health plans accountable for their medical decisions.

H.R. 2723 is considerably more comprehensive than legislation passed by the Senate in July. It is important that these protections are available to all Americans enrolled in private health care plans.

Over the August recess we have notified our members, asking them to talk to their legislators. Please let us know how we can continue to assist you in your efforts to have comprehensive managed care legislation addressed on the House floor.

Again, thank you for your leadership and hard work on this issue. We look forward to continuing to work with you to pursue passage of comprehensive managed care legislation.

Sincerely,

Kathryn M. Pontzer,
Senior Legislative Counsel,
Federal Affairs Department.

AMERICAN ASSOCIATION FOR MARRIAGE AND FAMILY THERAPY,

HON. CHARLES NORWOOD,
House of Representatives,
Washington, DC.

RE: Bipartisan Consensus Managed Care Improvement Act of 1999 (H.R. 2723).

DEAR MR. NORWOOD: The American Association for Marriage and Family Therapy is writing to you on behalf of the more than 11,000 members involved with the Bipartisan Consensus Managed Care Improvement Act of 1999 (H.R. 2723). On behalf of the 46,000 marriage and family therapists throughout the United States, we want to applaud you and Rep. Dingell for your efforts to provide Americans with comprehensive patient protections.

Your bill offers several safeguards that are integral to our members, as well as the public at large. One provision, the prohibition on discrimination against providers, has particular significance. It expands consumer access to qualified practitioners who are regulated by the states. Without this protection, insurers and plans could continue to discriminate against many licensed health care professionals. Additionally, the provision will foster increased integration of providers and expand the pool of trained practitioners.

The ability to access specialty care is also a positive component of this legislation. Patients with ongoing complex medical conditions will greatly benefit from the opportunity to access specialists who are trained in the treatment of their special conditions. Moreover, improvement in care referral will reduce costs and delays that burden health care delivery.

Other provisions of significance to our organization include: the review process for determination of medical necessity decisions; the ability of people with special health care needs and chronic conditions to continue to access their health care professionals after employers change plans; the ability to hold managed care plans accountable for decisions to deny care; and guarantee access to emergency care services.

These protections are a superb example of how Members from both sides of the aisle can work together to improve the quality of medical care for all. Your leadership in this effort is truly outstanding and appreciated. If there is any role our organization can play in passage of this legislation, please contact our Government Affairs Manager, David Bergman, at (202) 467–5015. It’s time to ensure that all Americans are provided with the security of a comprehensive health care system.

Sincerely,

MICHAEL BOWERS,
Executive Director; American Association for Marriage and Family Therapy.

AMERICAN PUBLIC PLACES EDUCATION AS A TOP PRIORITY

THE SPEAKER pro tempore (Mr. TERRY). Under the Speaker’s announced policy of January 6, 1999, the gentleman from New York (Mr. OWENS) is recognized for 60 minutes as the designee of the minority leader.

Mr. OWENS. Mr. Speaker, we have just returned from recess and we are about to enter the closing chapters of the first session of the 106th Congress. The end of the first session will only take us halfway. We can continue, and there are probably some things that will continue, but we have a full plate here.

There is a great deal of speculation about exactly what is going to happen with the appropriations bills and the fiscal plan and what more exciting by the fact that there is a surplus. After we lock the box and keep the Social Security funds in place, we still have a projection of a 10-year period of a trillion dollar surplus, and that has led to some radical proposals by the Republicans with respect to tax cuts, and that has certainly charged the atmosphere.

I am interested in continuing the dialogue on education. I think that we are in danger of making a great blunder if we do not use this great window of opportunity to do something dramatic to improve education in America. There is a need for a greater commitment from the Federal Government which now only is responsible for about 8 percent of the total expenditure on education. We need more federal support for education.

There are a lot of things that have to happen to improve education in America, but one of the things that has to happen is that we must have more federal support. The Federal Government is where the money is. The Federal Government’s money is not made here in Washington; it all came from the local level, so it belongs to the people out there in the States and in the localities. This is really not going to resolve to use funds from the Federal Government to help solve and resolve some of the overwhelming problems that we are facing in education.

We can still win the war for educational support. The legislation here at this point does not preclude some major development taking place either before we end this session, or certainly before we end the 106th Congress in the fall of the year 2000.

Let us take a look at where we are at this point. As far as education funding is concerned, we are in bad shape. A number of appropriations bills have been stalled, and we have only passed two; but the education appropriations bill, the Labor-HHS appropriation is further behind than any of the other appropriations in the process. It has not even gotten out of the subcommittee yet. The appropriations bill for education, if it is not used as a scapegoat; and it will be the last one out there, and it will have the greatest amount of reductions.

I am not on the Committee on Appropriations, but the rumors are that for the overall Labor, Health and Human Services and Education appropriations, the cut may range as high as 35 or 40 percent. And certainly education is in danger of a 15 to 20 percent cut if we follow the present process, and that is the process where there are budget caps. But they are not following budget caps on some appropriations bills. They are leaving the last ones to take most of the burden of the cuts. So education is in deep trouble at this moment in history. But I think we can still win the war.

What I want to talk about tonight is how the American public and public opinion, the common sense of the voters, still is a determining factor here. We need to hear that. All of the polls still continue to show that the American people place education as one of the top priorities, either priority number one or priority number two, in terms of federal assistance, or the use of federal resources to help solve problems. They expect us to do something. They are concerned. And their common sense is correct. Their common sense is on target. But what they need to know is that there are a set of rules that is followed and a lot of maneuvers underway that will lead to inevitable cuts in education if those rules are followed.

The President is right when he says that they can only call the face cuts in this present year, in the present appropriation, but in the bigger scenario that the Republicans have staked out, if they go ahead with a gigantic tax cut of $790 some billion dollars over a 10-year period, then the mechanics of that tax cut dictate that there must be increasing cuts, escalating cuts in education. It would be the greatest blunder this Nation has made since it was...