

trashing all these bills, and they have responded accordingly, pouring tens of millions of dollars into paid advertising, ginned-up studies, and lobbying campaign coffers of those who are willing to stand in the way of the much-needed change. Over \$100 million has been spent in distortion and misrepresentation on this legislation, Mr. President. The interesting thing is, even with \$100 million spent, if you take the various studies and reviews out there, not just the case studies which come to our offices every day, but any of the measurements that are being taken out there about people's concerns, you find that it really hasn't impacted families in this country. They know what is happening every single day, and they know the kinds of protections they need. They know the importance of this legislation.

What are we basically talking about in terms of these commonsense rights? How much time do I have remaining? The ACTING PRESIDENT pro tempore. The Senator has 1 minute 12 seconds remaining.

Mr. KENNEDY. These are the commonsense rights: The right to a specialist, if you have a condition serious enough to require specialty care—no parent should be told that his child, with a rare cancer, will be treated by an HMO adult oncologist when the physician lacks the expertise needed to save the child—the right to prescription medicines that your doctor knows best that you need; the right to go to the nearest emergency room without financial penalty; the right to participate in clinical trials—that is so important with the whole range of new breakthrough drugs—the right to continue care if you are in the middle of a course of treatment and your doctor is dropped from a network or your employer changes insurance plans; the right to a speedy and fair, truly independent appeal; and the right to hold your plan accountable in court. These protections and the others are simply common sense. We believe we ought to have an opportunity to debate those and to offer those measures in the Senate.

I am very hopeful that we are going to be able to get this matter scheduled. It is a matter of enormous importance. We have seen reported out of our Health, Education, Labor and Pensions Committee legislation that has been favored by our Republican friends. Let's have that legislation before the Senate, with the time and opportunity to cover those matters, and let the Senate express its will. I am convinced that we will act to protect the families of America.

The ACTING PRESIDENT pro tempore. The time of the Senator has expired.

The distinguished Senator from Minnesota is recognized.

(The remarks of Senator GRAMS pertaining to the introduction of S. 1247 and S. 1245 are located in today's RECORD under "Statements on Introduced Bills and Joint Resolutions.")

Mr. LEVIN addressed the Chair.

The PRESIDING OFFICER. The distinguished Senator from Michigan.

Mr. LEVIN. Mr. President, I yield to the Senator from Massachusetts.

The PRESIDING OFFICER. The Senator is Massachusetts is recognized.

Mr. KENNEDY. Mr. President, three years ago, the entire Nation watched in horror and disbelief as an epidemic of church arsons gripped the South. The wave of arsons was primarily directed at African-American churches and it was a reminder of some of the darkest periods in our history—when African-Americans were the constant targets of violence by cowardly racists. In response to this epidemic, Congress, with overwhelming bipartisan support, passed the Church Arson Prevention Act. We recognized that all Americans—Democrats and Republicans, men and women, whites and nonwhites, Jews, Catholics, Protestants, and Muslims—deserve to be free from these vicious hate crimes.

Unfortunately, this kind of bigotry has raised its ugly head again, in the form of the despicable arson attacks on the synagogues in Sacramento, California last Friday. Houses of worship have a special place in our society, and when they are attacked, the devastation is far-reaching. The B'nai Israel synagogue is the oldest synagogue west of the Mississippi River. In the charred remains of its library were over 5,000 books, some hundreds of years old and many out of print.

Since passage of the Church Arson Prevention Act in 1996, the FBI and ATF have documented over 600 cases of church arson. With the passage of that legislation, the Justice Department was given the tools it needs to apprehend and prosecute the individuals responsible for these deplorable acts, and to deal with such hate crimes more effectively.

All of us look forward to swift action to bring those responsible for these shameful attacks to justice. Although the parishioners at B'nai Israel, Congregation Beth Shalom, and Knesset Israel Torah Center may have lost the use of their synagogues for a time, their spirit and strength in the face of their loss are an inspiration to the entire country.

Congress needs to bring the same vigorous bipartisan attention to other kinds of hate crimes.

Few crimes tear more deeply at the fabric of our society than hate crimes. These despicable acts injure the victim, the community, and the nation itself.

We have acted to deal with arson attacks on places of worship, and we need to take similar action to deal with other hate crimes.

We need to give the federal government more effective tools to investigate and prosecute these contemptible acts. In March, many of us joined in introducing S. 622, the Hate Crimes Prevention Act of 1999. This bill has the support of the Department of Jus-

tice, constitutional scholars, law enforcement officials, and many organizations with a long and distinguished history of involvement in combating hate crimes. The goal of the Hate Crimes Prevention Act is to provide federal investigators and prosecutors the tools they need to fight these senseless and violent acts.

Congress' silence on this basic issue has been deafening, and it is unacceptable. We must stop acting like we don't care—that somehow this fundamental issue is just a state and local problem. It isn't. It's a national problem, and for too long, Congress has been AWOL. We must act, and we must act now, to make the federal government a full partner in the ongoing battle against hate crimes in all their ugly forms.

Mr. LEVIN addressed the Chair.

The PRESIDING OFFICER. The distinguished Senator from Michigan is recognized.

MANAGED CARE PRACTICES

Mr. LEVIN. Mr. President, we in the United States have become known around the world for providing what can only be called the gold standards of health care. People come to the United States from all over the world to receive our high-quality health care. Yet I find that too many of my constituents are not receiving this world-renowned health care. Due to current practices in the managed care area, too many HMOs are denying critically needed care to too many of their beneficiaries.

For instance, in Detroit, I met with Donald Anderson, a quadriplegic who is in a wheelchair. When he changed jobs, he also changed health care providers. Donald told me that his new provider would not cover a rolling commode wheelchair for him after the wheel broke on the one he owned, even though his doctor classified the wheelchair as a medical necessity. The HMO told him that the chair, which he uses to take showers, is considered a luxury item. His physician intervened and tried to get Donald a rolling commode but was repeatedly denied.

In Detroit, I also met with Amaka Onumono, who had been recovering from injuries sustained when a man dumped hot grease on her and set part of her home on fire. She spoke about gaps in service because she needed to get a referral from her primary care physician after every 12 visits to her occupational therapist. "Every time it comes time to make an appointment, there is a hassle," her mother Denise Avery said.

In Lansing, I spoke with Dr. William Weil, a Michigan State University pediatrician, who said that some families whose children have chronic illnesses frequently have trouble getting HMOs to approve pediatric subspecialists, especially if none is located in the immediate community. "In many HMOs, there is a tendency to use neurologists and orthopedists who specialize only in the care of adults," Dr. Weil told me.

In Midland, MI, I spoke with Dr. James Bicknell, head of the emergency room at Mid Michigan Medical Center. He told me that problems sometimes occur when managed care personnel, by telephone, tried to screen people out of the emergency room. Dr. Bicknell said that "managed care companies should be held accountable if patients are harmed because companies deny care."

Stories such as these necessitate reforming the managed care area, which is why passage of a strong Patients' Bill of Rights is so crucial. Let's take the previous examples and apply the Patients' Bill of Rights—a strong one—to see what would have happened to these people had that legislation been enacted.

Donald Anderson would have received a rolling commode, since his doctor determined it was medically necessary. A strong Patients' Bill of Rights allows the physician, not the insurance company, to decide what prescriptions and equipment are medically necessary.

Amaka Onumono, the burn victim, would not have had to get a new referral every time she needed to see a specialist under a strong Patients' Bill of Rights. Our bill would allow the patient with a chronic health problem to have a standing referral to see such a specialist.

The patients of Dr. William Weil, the MSU pediatrician, would not have been denied access to pediatric specialists. The strong Patients' Bill of Rights specifically maintains that an individual should have access to a specialist, including, in the case of a child, the appropriate pediatric expertise.

In the case of Dr. James Bicknell, our Patients' Bill of Rights mandates that all patients receive emergency treatment if a prudent layperson considers the patient's condition to be "an emergency medical condition." So our health care programs, our strong Patients' Bill of Rights, would hold health plans accountable for the decisions they make.

I have heard similar stories all over my home State of Michigan. While most HMOs do a good job of providing quality health care while managing costs, too many put money before good medicine. A good, strong, national Patients' Bill of Rights would establish a Federal framework that would provide very high quality assurance for patients all over the country.

There is overwhelming support in the public for managed care reform. That would include, necessarily, the following patient protections:

First, ensure that treatment decisions are made by a patient's doctor, not a bureaucrat at an insurance company.

Second, hold managed care plans accountable when their decisions to withhold or limit care injure patients.

Third, ensure that patients undergoing treatment can continue to see the same health care provider if their provider leaves the plan or their employer changes plans.

Fourth, allow patients to see an outside specialist at no additional cost whenever the specialist in their plan can't meet their needs.

Fifth, require that insurance companies pay for emergency services if a reasonable person would consider the situation to be an emergency.

Sixth, promote access to clinical trials that may save time.

The idea of a strong Patients' Bill of Rights is not a radical notion. Doctors, for instance, are strongly in favor of this. Doctors who receive years of training and specialization are too often now being told by managed care companies they cannot provide the care that they deem to be appropriate. When doctors are no longer making the decisions they were trained to make, something is wrong.

What is wrong is that too many HMOs are not providing the services which the American public has a right to expect. The way to right this is to adopt a strong Patients' Bill of Rights. I hope the Senate will take this real-life issue up promptly, resolve it, and adopt a strong Patients' Bill of Rights. I yield the floor.

The PRESIDING OFFICER (Mr. HAGEL). The Senator from Kansas.

MARINE COMMANDANT KRULAK

Mr. ROBERTS. A week ago yesterday, Senator BEN NIGHTHORSE CAMPBELL and I took the opportunity to travel about 5 miles from Skopje, Macedonia, to a scrub pine-covered hill that was overlooking the Skopje Airport and the valley that leads to Kosovo.

On the way, we saw the U.S. troops, primarily the Army, and then the British, Germans, and the French, all part of the NATO command we now call KFOR, making the preparations for ground entry into Kosovo.

Beyond those encampments, the dusty road led to some high ground. As we topped the hill, about 100 yards into the scrub pine were the members of the 26th Marine Expeditionary Force led by Col. Kenneth Glueck and his XO Lt. Col. Bob Taylor.

Some 1,900 marines and 186 vehicles were deploying into Kosovo. Just a few days earlier, these men and women were aboard ship in an Italian port as members of the Marine Expeditionary Unit. Despite all of the delay in regard to the bureaucratic problems—road and transportation snafus and unfriendly but rather benign protests by some demonstrators in Greece—the marines were deployed and the command post was up and running when the advance units were reporting in.

With great respect for our allies, while their units were conducting maintenance and they were relaxing prior to moving out, the marines had already conducted 2 days of training.

In recent weeks, there has been much discussion and criticism about the use of ground troops in the Balkans. The point has always been made that, sim-

ply given the opposition by NATO countries and the administration to the use of ground troops and the lack of contingency planning, it would take months to put together any contingency plans, the necessary unified command and control, supply lines and battle plans—it would take months.

No need to worry. When the order was given, your Navy-Marine Corps team, a true force in readiness, was there. They were deployed in days—not weeks or months.

I asked Col. Glueck and Lt. Col. Taylor why the marines chose the high ground miles away from the U.S. and allied forces. He responded:

Well, sir, we arrived at 2300, set up our command post and staging base, secured the area, and were ready to go by morning. We just didn't want to lose our edge.

And they haven't. Today those marines are keeping a difficult peace. They are serving as protectors, as police, as judge, as jury, as peacekeepers, and as possible targets. Along with the 82nd Airborne, they are doing an outstanding job. They were doing their best in the Balkan briar patch.

Senator CAMPBELL and I had the privilege of visiting with individual marines and found their dedication and morale was second to none. It was a real "battery charger" for me. As a result, we both stood taller that day.

In a day and age when our military is stressed and strained and hollow in parts, with recruiting and retention reaching alarming levels—so serious, by the way, that the President had to mandate a stop loss order, meaning those on active duty who are scheduled to leave active duty cannot—and with serious problems all throughout our military, asking a military that has been cut by one-third to do more in 93 nations around the world, not to mention the problems in health care, in the quality of life, personnel tempo and operations tempo, readiness, modernization and procurement, mission quality, and all the rest, how on Earth can the U.S. Marine Corps meet its recruiting and retention goals and perform so well in the field?

I will tell you how. It is called leadership, and it is called standards. Those standards, those values, are set by the Commandant of the U.S. Marine Corps: Honor, courage, and commitment. They have not changed, and they will not change.

Let me state why, with the following quote:

To Marines, Honor, Courage and Commitment are not simply words or a bumper sticker slogan. They reflect our deepest convictions and dramatically shape everything that we do. We imbue Marines with our core values from their first moments in the Corps because we know that Marines, not weapons, win battles.

As an institution, we have had to fight hard to maintain our standards. To some, they may seem old-fashioned, out of step with society, or perhaps even extremist, but we know that our high standards are the lifeblood of the Corps, so we have held the line!

In this regard, what individual Marines are doing everyday counts far more than anything that is done in Washington. The standards of our Corps are not simply maintained