

So what we are saying on this side is the following: That there has been such a breakdown in the patient-doctor relationship, and with the intrusion of that patient-doctor relationship by an army of accountants and actuaries and bureaucrats who are making decisions that should be made by doctors and nurses and hospitals, that something has to be done.

We disagree on cost issues. The Senator from Oklahoma thought it would raise costs 13, 14, 15 percent. The Senator from Massachusetts has a CBO estimate—CBO is impartial—that says it would be the cost of a Big Mac a month to a family. But the very least is that we should be debating that issue, debating it fully and openly.

The Senator from Oklahoma has said that it was not his intention, when he offered his proposal, that someone filibuster and take the whole 30 hours or the whole week just filibustering.

That may well be the case, but there may be one of the 100 Senators who feels so strongly against this issue that he would take to the floor to filibuster. Unless we can get in the confines of the agreement that we will be able to vote on the very important issues that are part of the Patients' Bill of Rights, then how can we agree? Because if we were to agree now—and there are so many thousands of our constituents on whose hopes and even prayers this legislation rests—and we were not to get those votes, and instead someone would filibuster, they would all think we had let them down.

So the bottom line is a very simple one. The bottom line is, yes, we can come to an agreement, but the agreement, from our point of view, needs to allow open debate and votes on a whole series of issues. My guess is we won't win every one, but my guess is we will win a good number.

To have an agreement that might allow one person to filibuster the whole time, even though it may not be the majority whip's intention, to have an agreement that would not allow the major issues to be not only debated but voted upon would be a serious miscarriage of the hopes of millions of Americans who wish to see the patient-doctor relationship restored. It would have been much better if we had done that debate this week.

As I mentioned to the majority whip, the feeling on this side of the aisle of frustration, that the open process on which the Senate has prided itself for 200 years would no longer be allowed, led to our view that we would make sure and do everything in our power within the rules of the Senate to see that open debate and votes on the Patients' Bill of Rights occurred.

I think we are doing a service to our constituents. I think this is what they sent us to the Senate to do. I will be doing everything I can, helping our minority leader, helping the senior Senator from Massachusetts and all of my other colleagues who care so much about this issue, to see that we get

that open, full debate and the votes on the very important issues of the Patients' Bill of Rights to which our constituents are entitled.

I thank the Chair, and I yield back the remainder of my time.

Mr. WELLSTONE addressed the Chair.

The PRESIDING OFFICER. The Senator from Minnesota.

Mr. WELLSTONE. I thank the Chair.

Mr. President, are we in a quorum call?

The PRESIDING OFFICER. We are in morning business.

SENATE DENIAL OF SUPPORT FOR STEELWORKERS

Mr. WELLSTONE. Mr. President, on Tuesday, the Senate voted 57-42 to refuse debate on legislation that would provide some support to steelworkers.

I think those of us who wanted to provide some protection to steelworkers and their families against the illegal dumping of steel from foreign exporters to our country lost mainly because of the White House, which used import data from the month of April and convinced a lot of Members that the steel crisis is over.

Here we are, 2 days later, and there are new, important numbers out for May. We find out 2 days later that the steel crisis is not over. In fact, overall steel imports went up 30 percent from April to May. Most of the increase comes from the import of various kinds of semifinished steel, the very products that our taconite mines in Minnesota compete against. Imports of blooms, billets, and slabs are up a whopping 122 percent. Let me repeat that: 2 days ago the administration was telling us there was no crisis; the surge of imports is over. Now we find out a 30-percent surge of imported steel, the latest figures today, over a 1-month period from April to May, and for billets and slabs and blooms, a 122-percent increase in imports.

This is a disaster. It is a disaster for the women and men who have lost their jobs on the Iron Range and may never get them back. It is a disaster for the workers who are hanging by a thread. It is a disaster for their husbands and their wives and children. For them the steel crisis is not over. If anything, the steel crisis is getting worse.

The question I ask my colleagues who voted against our bill, who voted against even debating our bill, is: What next? To the administration, I say you were successful in defeating the Rockefeller bill. Now what do you propose? Are we going to simply give up on the steel industry?

We cannot give up on the steel industry, and we cannot give up on the iron ore industry in our own country. We have to do something.

I am troubled by the arguments that were made in our Senate debate. I am troubled by some of the newspaper opinion pieces, because they seem to be suggesting that we ought to just give

up on this industry. They seem to be suggesting that the extraordinary surge of steel imports, the dumping of cheap steel, the illegal dumping of steel sold below cost of production in our country is actually good for the economy, good for the economy because it keeps prices down in other sectors of our economy.

If that is the case, we should actually encourage foreign countries to dump on our markets. If we want to lower steel prices, then we shouldn't have any antidumping laws. We should repeal them all. We shouldn't even have any antidumping laws on the books. If that is the case, we ought to get rid of a section 201 law which provides for WTO legal quotas to import surges, the likes of which we have been experiencing. The fact of the matter is, we have had this surge of imported steel, and the argument is, it is good for the country because it keeps prices down.

That means we are not going to have a steel industry. That means we will not have an iron ore industry. That means many of these workers and their families are going to be spit out of the economy. Our workers can compete with anybody, any place, any time, anywhere. But they cannot compete with a surge of illegally dumped imports. Our steelworkers, our iron ore workers are the most efficient in the world. They can compete with fairly traded steel, but they cannot compete with this.

I am real worried, because I think this administration and I think too many of my colleagues in the Senate have sent the following message when it comes to trade policy: If it is a top contributor, Chiquita bananas, we are there for you. We will make sure that we put on a real strong import quota. When it comes to investments of Wall Street investors, when they go sour in Korea or Indonesia, Thailand or Mexico, Brazil or Russia, we will pick up the tab.

But when the global economic crisis boomeranged on American steelworkers, the message from the administration and the Senate was: You get stuck with the bill.

The crisis is not over. The May import numbers prove it. The question for all of you who oppose the Rockefeller bill, the question for this administration, a Democratic administration that is supposed to care about working people is: What do you propose to do now?

Let me just repeat this one more time. I was thinking to myself, I wonder why the administration hasn't released figures, since they were making the case that the crisis was over. Surely they will release the May figures. They must have had them a few days ago. Two days ago, one of the major arguments used for opposing our legislation was "the crisis is over." Now we find out 2 days later, overall steel imports are up 30 percent from April to May, and imports of blooms and billets and slabs, which compete against our taconite on the Iron Range, are up 122

percent. We didn't get those figures from the administration 2 days ago. I think I know why.

I say to the President, I say to the administration, and I say to Senators who voted against an opportunity to even debate this legislation: The crisis is not over. The statistics prove it. My question is: What do you propose to do now? What do you propose to do now?

Mr. President—not the President that is presiding on the floor of the Senate, but Mr. President of the United States of America—what do you propose to do now? Your administration told us 2 days ago this crisis was over. Now we have the figures: 30 percent increase in imports of steel, 122 percent in imports of blooms, billets, and slabs. It is going to be an economic convulsion for the Iron Range of Minnesota. It is going to be an economic convulsion for steelworkers, illegally dumped steel. We will compete against anybody. But if you are going to make the argument that we should not do anything about illegally dumped steel, that we can't provide any protection for our workers, that we can't have an administration and a Government that negotiates a fair and a tough trade policy that provides protection to our workers, then what in the world are we here for?

I speak with a little bit of—not bitterness but outrage. I heard what was being said just two days ago. Now the numbers have come out. Now we know we have this crisis. Now we know we have this surge of imports. It is illegally dumped steel.

My question for the President of the United States of America is: What are you going to do? You defeated our legislation. What are you going to do now?

I am not going to give up on this. I hope the steelworkers and their families won't give up on this. My suggestion is that we need to have a meeting with the President and the administration because I have to still believe that they are concerned and they will be willing to take some action. We need to talk about what kind of action we will take soon, because if we don't, there are going to be a lot of broken dreams, a lot of broken lives, and a lot of broken families all across our country, including in Northeast Minnesota, the iron range of Minnesota. I can't turn my gaze away from that. I can't quit fighting because of the vote a couple days ago.

I yield the floor.

Mrs. FEINSTEIN addressed the Chair.

The PRESIDING OFFICER. The Senator from California is recognized.

PATIENTS' BILL OF RIGHTS

Mrs. FEINSTEIN. Mr. President, I don't want to be redundant, but I would like to continue the statement I began to make earlier this morning. Let me quickly put it in perspective.

The statement further explains an amendment that I have at the desk,

which essentially says that a group health plan or an insurance issuer may not arbitrarily interfere with, or alter, the decision of the treating physician with respect to the manner or the setting in which particular services are delivered if those services are medically necessary or appropriate.

It then goes on to define "medically necessary" as "that which is consistent with generally accepted principles of professional medical practice." The amendment, of course, means that the doctor can determine what is a medically necessary length for a hospital stay, and the doctor can determine the kind of treatment or drug the patient can be best treated with.

I know some people wonder why am I so vociferous about physicians making medical decisions. California has the largest number of individuals in managed care. We have around 20 million people in managed care plans in California.

I have heard of many different cases. Let me just give you one other case—I just talked about the person with the brain illness. I can also give you the case of the Central Valley man, 27 years old who had a heart transplant and was forced out of the hospital after 4 days because his HMO would not pay for more days. That constituent of mine died. That is the reason I feel so strongly.

Additionally, I know—and the Washington Post this morning documents—that doctors are increasingly frustrated, demoralized, and hamstrung by insurance plans' definitions of medical necessity. An American Medical Association survey reported in the March 2, 1999, Washington Post, quoted an AMA spokeswoman who said that some managed care companies have begun to define explicitly what treatments are "medically necessary," and they have chosen to define them in terms of lowest cost.

She says:

Doctors used to make that decision solely on the basis of what was best for the patient.

She stressed that doctors are unhappy that managed care organizations are "controlling or influencing medical treatment before the treatment is provided." She said, "Denials and delays in providing care directly harm the health and well-being of the patients."

A fall 1998 report found that "patients and physicians can expect to see more barriers to prescriptions being filled as written," according to the Scott-Levin consultant firm, because HMOs are requiring more "prior authorizations" by the plans before doctors can prescribe them.

Then, as I spoke of a little earlier, there is the issue of financial incentives, another form of interference in medical necessity decisions. In November, the New England Journal of Medicine pointed out:

Many managed care organizations include financial incentives for primary care physicians that are indexed to various measures of

performance. Incentives that depend on limiting referrals or on greater productivity applies selective pressure to physicians in ways that are believed to compromise care.

That is what we are trying to stop.

Incentives that depend on the quality of care and patients' satisfaction are associated with greater job satisfaction among physicians.

Let me describe how Charles Krauthammer put it in writing in the January 9, 1998 Washington Post under the headline, "Driving the Best Doctors Away":

The second cause of [doctors leaving the profession] is the loss of independence. More than money, this is what is driving these senior doctors crazy: some 24-year-old functionary who knows as much about medicine as he does about cartography demanding to know why Mr. Jones, a diabetic in renal failure, has not been discharged from the hospital yet. Dictated to by medically ignorant administrators, questioned about every prescription and procedure, reduced in status from physician to "provider," these doctors want out.

Mr. President, that is a sorry commentary, and it is the truth.

One of my deepest interests is cancer. I co-chair the Senate Cancer Coalition with the distinguished Senator from Florida, Senator Connie Mack. Let me quote from a report of the President's Cancer Panel:

Under the evolving managed care system, participating physicians are increasingly being asked to do more with less—to see a greater volume of patients and provide significantly more documentation of care with less assistance or staff. In addition, managed care has dictated a major shift to primary care gatekeepers who are under pressure to limit referrals to specialists and care provided in tertiary care facilities, and may be financially rewarded for their success in doing so.

Nancy Ledbetter, an oncology nurse and clinical research nurse coordinator for Kaiser Permanente said, ". . . necessary care is being withheld in order to contain costs." This is from the June 16, 1999 Journal of the National Cancer Institute.

A breast cancer surgeon wrote me:

Severe limitations are being placed upon surgeons in giving these women [with breast cancer] total care . . . Patients feel that their care is reduced to the mechanics of surgery alone, ignoring the whole patient's medical, emotional, and psychological needs.

Surely, one of the oldest axioms of medicine, and the way my father used to practice medicine, is that you can't just treat the wound, you have to treat the whole patient as an individual, as a human being.

In my State, again, over 80 percent of people who have insurance are in managed care. Forty percent of California's Medicare beneficiaries are in managed care. Some say Californians have been pioneers for managed care. Some even say Californians have been the Nation's "guinea pigs."

The complaints don't abate: delaying diagnoses and treatments as tumors grow; trying the cheapest therapies first, instead of the most effective; refusing needed hospital admissions; refusing to refer patients to specialists who can accurately diagnose conditions and provide effective treatments;