

their families, the Tax Code has gotten skewed and the deductions have become unfair. So today we are saying the first priority should be to eliminate the tax that is more on married people than it would be if they were single.

I yield the remainder of my time to Senator ASHCROFT, who is working with me on this very important issue. We will give the taxes that people are paying to the Government back to them because it does not belong to us. It belongs to the people who earn it.

Mr. President, I ask unanimous consent the article by Bill Thompson be printed in the RECORD.

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

THE BUDGET SURPLUS: THERE'S ONLY ONE TOPIC THAT NEEDS DISCUSSING

(By Bill Thompson)

Nothing will get the politicians' juices flowing like an avalanche of money. Put large piles of cash in front of a herd of politicians, and the ensuing stampede will crush everything in its path.

Nowhere is this truer than in Washington, D.C., where the latest predictions of burgeoning federal budget surpluses have the president, Congress and everyone in between all but trampling one another in their fervor to dive into those irresistible mountains of money.

Not surprisingly, all the official and semi-official public pronouncements, all the expert analyses and all the wide-eyed speculation about the fate of the extra money seem to arrive at the same conclusion: The politicians will spend it.

In fact, the only question that anyone who's anyone seems to be asking about this "windfall" revenue is: How should we spend it?

Well, call me naive or simple-minded or just plain dumb—many readers do so on a regular basis, after all—but in my humble opinion the deep-thinkers are asking the wrong question. The only legitimate question that anybody should be asking about the federal budget surplus is: How should we go about giving the money back to its rightful owners?

And the rightful owners, surely even the biggest nitwit in Washington can understand, are the taxpayers of the United States of America.

The federal government is not a private business that can do whatever it wants to with unexpected profits. It's not even one of those publicly traded corporations that can choose among options such as reinvesting in the company sharing the profits with employees or distributing the money to stockholders by means of increased dividends.

Government collects money from citizens in the form of taxes and fees for the purpose of providing designated services to those very same citizens. If for some reason the government should happen to collect more money than it needs to provide the designated services, there should be no discussion about the fate of the money: It goes back to the taxpayers who worked it over in the first place.

For politicians and bureaucrats to suggest that they are so much as considering any other use of a budget surplus should be looked upon as the worst sort of fiscal malfeasance.

True enough, the idea of using some of the budget surplus to bail out fiscally endangered programs such as Social Security and

Medicare sounds tempting. But there's a problem—two problems, actually.

Problem No. 1 is that these breathtaking estimates of budget surpluses totaling trillions of dollars over the next 15 years are just that—estimates. An unexpected downturn in the nation's economy could blow the projections sky high and leave the taxpayers with mind-boggling financial commitments to those programs—and no money to meet them.

Problem No. 2: The commitment of future budget surpluses to these expensive entitlements is a phony solution that distracts attention from the desperate need for fundamental reforms to programs whose escalating costs simply must be brought under control sooner or later.

President Clinton's proposal to dedicate a portion of any budget surplus to pay down the national debt seems reasonable enough at first glance. But consider this: How can Clinton brag about cutting up Washington's credit card when his plan to pay off the card's outstanding balance hinges on projected income?

We should be paying off the debt with actual revenue that would be available for debt reduction if the government would cut expenses instead of constantly seeking new ways to spend the taxpayers' money.

No, this raging debate about how to spend the surplus is the wrong debate. The only question that politicians need to debate is whether to give the money back to the taxpayers in the form of a reduction in income tax rates, or through some sort of tax credit that enables taxpayers to deduct their share of the surplus from their tax bills.

The money belongs to the people. It should be returned to the people.

The PRESIDING OFFICER (Mr. CRAPO). The Senator from Missouri.

Mr. ASHCROFT. Mr. President, I thank the Senator from Texas for her kind remarks and for allowing me to speak on this important issue.

Americans are now paying taxes at a higher rate than ever before. The burden and cost of the government are more, and the Federal Government is responsible for the overwhelming lion's share. As a matter of fact, we are not just responsible for the Federal taxes, because we have mandated so many programs on State and local governments we are responsible for a lot of what they are taxing people. So we are being taxed at the highest rates in history—at the highest rates in history.

Now we announced, in spite of that, we are paying more in those taxes than it costs to run Government. We are paying more in than it costs to fund the programs we are getting. If you go to a grocery store and you are buying \$8 worth of groceries and you give them a \$10 bill, you are paying more than it costs for the service and they give you a couple of dollars in change.

There is a stunning debate in Washington. We are debating over whether or not to give people the change back. They are paying more than is required for the programs they have requested, and we are debating whether or not we are going to give them the change back. We ought to give the money back. They own it. They have overpaid.

No. 1, we are paying the highest taxes in history. No. 2, those taxes pay for more than what our programs cost;

therefore, we are overpaying. No. 3, we ought to refund that overpayment to the American people.

I submit among those who ought to be the first in line to get money back are those who have been particularly abused, those who have been the subject of discrimination, those who have been the subject of wrongful taking of the money by Government. That is where you come to this class of people who are not normally thought of as being a special class. They are married people. Forty-two percent of all the married people in the United States end up penalized for being married. That is 21 million families. Mr. President, 21 million families pay an average of over \$100 a month—that is \$1,400 a year—because we have what is called the marriage penalty tax.

Before we decide on tax relief for the population generally, let's take some of these gross inequities out of the system, especially inequities that target one of the most important, if not the most important, components of the community we call America—our families. Our families are the most important department of social services, the most important department of education. The most important fundamental component of the culture is the family. It is where we will either succeed or fail in the next century. Our Tax Code has been focusing on those families and has been saying we are going to take from you more than we would take from anybody else.

This idea of penalizing people for being married is a bankrupt idea, and it is time to take the marriage penalty part of this law and administer the death penalty to the marriage tax.

I say it is time for us to end the marriage penalty. This will mean a substantial improvement in income for people who have been suffering discrimination because they are married. It is time for us to end the marriage penalty in the tax law.

The PRESIDING OFFICER. The time of the Senator has expired.

Mr. ASHCROFT. I thank the Chair.

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ORDER OF PROCEDURE

The PRESIDING OFFICER. The Senator from Rhode Island is recognized.

Mr. REED. Mr. President, I yield myself 5 minutes of the allotted 10 minutes, and I yield the remaining 5 minutes to the Senator from Maryland, Ms. MIKULSKI.

The PRESIDING OFFICER. The Senator is recognized for 5 minutes.

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CHILDREN'S HEALTH CARE

Mr. REED. Mr. President, we are engaged in a historic debate about the future of health care in the United States. I have tried very diligently to ensure that children are a large part of this debate.

In conjunction with those activities, yesterday I had the opportunity to visit with pediatricians and pediatric

specialists in my State of Rhode Island at Hasbro Children's Hospital, an extraordinary hospital in Rhode Island. I am very proud of it. While listening to those professionals, I got a sense of the real needs we have to address in this debate on the Patients' Bill of Rights.

First of all, there is tremendous frustration by these physicians and medical professionals about their ability to care for children, their ability to effectively provide the kind of care which parents assume they paid for when they enrolled in the HMO. They are frustrated by the mindless rules. For example, one physician related to me there is the standard practice of giving a child a complete examination at the age of 1. He had a situation where a child came in at 11 months 28 days. They performed the examination, and the insurance company refused to pay because, obviously, the child was not yet 1 year old. That is the type of incredible, mindless bureaucracy these physicians are facing every day.

I had another physician tell me—and this was startling to me—she was treating a child for botulism. She was told the company was refusing to pay after the second day. She called—again, here is a physician who is spending valuable time calling to find out why there is no reimbursement—and she was told simply by the reviewer—not a physician, the reviewer—that according to the guidelines of that HMO, no one can survive 2 days with a case of botulism; therefore, they were not paying for more than 2 days. Mercifully, the child survived, and eventually I hope they were paid for their efforts.

These are the kinds of frustrations they experience. This is throughout the entire system of health care. There are some very specific issues when it comes to children. One is the issue of developmental progress. An adult is generally fully developed in cognition, in mobility, in all the things that children are still evolving. Yet managed care plans seldom take into consideration the developmental consequences of a decision when it comes to children. Unless we require them to do that, they will continue to avoid that particular aspect. So a child can be denied services.

For example, special formulas for infants can be denied because the HMO will say: Well, it is not life-threatening; there is no serious, immediate health consequence. But the problem, of course, is, unless the child gets this special nutrient, that child is not going to develop in a healthy fashion. Five, six, seven, eight years from now, that child is going to have serious problems, but, in the view of an HMO, a dollar saved today is a dollar saved today. Oh, and by the way, that child probably will not even be in their health care system 5 years from now, the way parents and employers change coverage.

We have to focus on developmental issues. We also have to ensure children have access to pediatric specialists. There is the presumption that a rose is

a rose is a rose, a cardiologist is a cardiologist is a cardiologist, when, in fact, a pediatric cardiologist is a very specific discipline requiring different insights and different skills.

We also have to recognize that many very talented pediatricians find themselves overwhelmed today with the young children they are seeing. I had one physician tell me he sees children who have problems with deficit disorders, problems with attention issues, and they have prescribed some very sophisticated pharmaceutical pills and prescriptions that he, frankly, has trouble managing because he is not a child psychiatrist. Yet they have difficulty getting access from the general practitioner to the specialist, the child psychologist to the child psychiatrist.

The other thing is, the system has been built upon adult standards. One of the great examples given to me is that there are new standards now to reimburse physicians when they are doing a physical, but they are based upon adult standards. The important things a physician has to do to evaluate a child are not even compensated because they are immaterial to an adult. Why would the company spend money paying a doctor to do that? This whole bias towards adults distorts the care for children in the United States.

The Democratic alternative which is being presented today recognizes these issues in a very pronounced and emphatic way. We do explicitly provide for access to pediatric specialists; we do specifically require, in making judgments about health care, the development of a child must be considered as part of the medical necessity test; and we also talk about developing standards, measurements, and evaluations of health care plans that are based on children and not just adults.

I urge all of my colleagues to endorse this concept. The best reason to pass this Democratic alternative is to help the children of America.

The PRESIDING OFFICER. The Senator's time has expired.

Mr. REED. I thank the Chair.

The PRESIDING OFFICER. The Senator from Maryland is recognized for 5 minutes.

Ms. MIKULSKI. I thank the Chair.

#### ACCESS TO EMERGENCY CARE

Ms. MIKULSKI. Mr. President, I rise today to continue the discussion of the Patients' Bill of Rights and lend my voice to the Graham amendment for access to emergency care without penalty by an HMO when any prudent person presents their symptoms.

Before I do that, I congratulate the Senator from Rhode Island for his most eloquent and insightful remarks. For my colleagues, the Senator from Rhode Island has devoted his life to protecting the lives of Americans. As a West Point graduate serving in the U.S. military, he did that abroad, and now he does it in the Senate Chamber standing up for America's children. I

thank him for his devotion and his gallantry. I am happy to be an able member of the Reed platoon.

I am pleased today to join with Senator BOB GRAHAM and other colleagues in speaking out about the people who go to an emergency room and want to be treated for their symptoms without fear of not having their visit covered by their HMO. When it comes to emergency care, people are afraid of both the symptoms they face as well as being denied coverage by their insurance company.

"ER" is not just a TV show; it is a real-life situation which thousands of Americans face every day. Yet I hear countless stories from friends and neighbors and constituents, as well as from talking to ER docs in my own State, who tell me they are afraid to see their doctor or take their child or parent to the emergency room because they will not be reimbursed and will be saddled with debt.

Patients must be covered for emergency visits that any prudent person would make. That means if they have symptoms that any prudent person says could constitute a threat to their life and safety, they should be reimbursed. The prudent layperson standard is at the heart of this amendment. It is supported by the American College of Emergency Physicians which has stated that the way the Republican bill is written, it "must be interpreted as constraints on a patient's use of the 'prudent layperson' standard."

The Republican bill only goes part way. We need to restore common sense to our health care system.

Let me give an example, the case of Jackie, a resident of Bethesda, MD. She went hiking in the Shenandoah mountains. She lost her footing and fell off a 40-foot cliff. She had to be airlifted to a hospital. Thanks to our American medical system, she survived. After she regained consciousness and was being treated at the hospital for these severe injuries, Jackie learned that her HMO refused to pay her hospital bill because she did not get prior authorization. This is outrageous. Imagine falling off of a 40-foot cliff, waking up in a hospital and being told that your HMO will not cover your bills because you did not call while you were unconscious.

In America, we think if you need emergency care, you should be able to call 911, not your HMO's 800 number.

Incredibly, some of my colleagues in the Senate say that all these stories are anecdotes and they are horror stories. These are not anecdotes. We are talking about people's lives.

If you would come with me to the emergency rooms at Johns Hopkins Hospital, the University of Maryland, Salisbury General on a major highway on the Eastern Shore, all over the State, you would learn that many people come to the ER because of not only accidents but they are experiencing symptoms where they wonder if their life could be threatened or the life of