

the experience. This man not only has had an outstanding military career, but he has a bachelor of science degree in criminal justice from the University of Nebraska, a master of arts degree in public administration from Central Michigan University, and a master of science degree in the administration of justice from Wichita State University. He also completed executive programs at Harvard University's Kennedy School of Government and the University of Michigan Executive Business School.

He has been active in public service. This is a man who is outstanding. Those who watch the Senate proceedings on C-SPAN or who visit the Capitol, to see this historic site, may not realize all the work that goes into running the U.S. Capitol. The responsibilities are enormous. Unless something goes wrong, we take them for granted.

Senator DASCHLE has done some very fine things during his 7 years as Democratic leader, and he has done some great things during his short time as majority leader, but I think there is nothing that I have been more impressed with than his selection of General Alfonso Lenhardt as the Sergeant at Arms of the U.S. Senate. I hope everyone in the Senate will have the opportunity to meet this man and to recognize what a fine person Senator DASCHLE has selected.

He is going to be our protocol officer and our chief law enforcement officer. He will also be the administrative manager for most of the Senate's wide-ranging support services. We could not have a better person.

#### THE PATIENTS' BILL OF RIGHTS

Mr. DORGAN. Mr. President, the Senate recently passed the Patients' Bill of Rights and we are anxiously awaiting action by the House. The Patient Protection Act, or the Patients' Bill of Rights, is something we have spent a great deal of time on in the Senate.

As Senator DASCHLE indicated, it was one of our top priorities. We had a great deal of difficulty getting it through the Senate. It took us a good number of years to do that, but after 4 or 5 years of debate, we finally got a Patient Protection Act passed by the Senate. We are now waiting for the House to take similar action.

The President says he will veto it. And that is the way the legislative process works. We have to do the best we can to advance public policies that we think strengthen this country. We have done that under the leadership of Senator DASCHLE, with the cooperation of my colleagues on both sides of the aisle. We passed a real Patient Protection Act or a real Patients' Bill of Rights. Let me describe why that is important and what it does.

All of us have had lengthy debates about what is happening to health care in this country, as more and more

Americans have been herded into these groups called managed care organizations. They were created, in some cases, for very good reasons, to try to reduce the cost of health care and control and contain the cost of health care.

But in recent years, the for-profit organizations that have become part of the managed care industry have, from time to time, taken actions with respect to patient care that have much more to do with their bottom-line profit than it has to do with patient care.

So we had a debate about a Patient Protection Act that says the following:

One, you ought to be able to know all of your medical options for treatment, not just the cheapest option for medical treatment. That ought to be a fundamental right for patients.

Two, if you have an emergency, you ought to have a right to go to an emergency room. Sound simple? Yes, it is simple. But it is not always the case in this country that with an emergency, you are going to get reimbursement for emergency room treatment by a managed care organization.

Three, you have a right to see a specialist when you need one for your medical condition. Does that sound simple and pretty straightforward? Sure, but it doesn't happen all the time.

You have a right to clinical trials. You have a right to retain, for example, the relationship you have with your oncologist who has been treating you for breast cancer for 7 years. Even if your employer changes health care organizations, you have a right to continue to see the same oncologist who has been treating you for cancer for 7 years.

Those are the kinds of provisions we put in the Patient Protection Act. Let me describe why we did it. We did it because in this country too often patients are discovering that what they believed they were covered for in their medical or health care plan was not in fact covered at all.

I have told the story of the woman who went hiking in the Shenandoahs. She fell off a 50-foot cliff and sustained very serious injuries. She was unconscious. She had multiple broken bones and was in very serious condition. She was brought to an emergency room on a gurney unconscious. She survived after a long convalescence, only to find out that the managed care organization said they would not pay for her emergency room treatment because she had not had prior approval for emergency room care. This is a woman hauled into an emergency room unconscious, told that she should have gotten prior approval for emergency room care.

Does that literally cry out and beg for some kind of legislative attention? Yes, it does. It is just one piece of the Patient Protection Act providing that, if you have an emergency, you have a right to emergency room treatment.

There are so many other examples. For instance, the issue of what is medi-

cally necessary. I have held up pictures on the floor of young children born with terribly deformed facial features, being told that the correction of that radically deformed facial feature is not "medically necessary," and therefore the insurance they thought they had with the managed care organization would not cover it.

I have told the story often of my colleague, Senator REID of Nevada and I, holding a hearing in the State of Nevada on this subject, where we heard from a mother of a young boy named Christopher Roe who died at age 16. Christopher had cancer. This young boy fought cancer valiantly but lost his life on his 16th birthday. In the process of fighting cancer, they also had to fight in order to get the treatment he needed. He didn't get it in time. It is an unfair fight to ask a 16-year-old boy to fight cancer and have to fight the insurance company at the same time.

His mother held up a picture of young Christopher, a big colored poster picture, and cried at the end of her testimony as she described her son looking up at her from the bedside asking: Mom, how can they do this to a kid? What he was asking was: How can they do this? How can they not provide the treatment I need to give me a chance to live? That boy died at age 16.

I have told that story. I have told many other stories, including the story of Ethan Bedrick. Ethan had a very difficult birth and was born with very serious problems because the umbilical cord had shut off his oxygen. A doctor had decided, after evaluating him, that he had only a 50-percent chance of being able to walk by age 5 if he got certain rehabilitative services. A 50-percent chance for this little boy to be able to walk by age 5 was "insignificant," and, therefore, the services were denied.

Does it sound bizarre? Does it sound like a system with which we are acquainted? Not to me. This all sounds just Byzantine, that decisions are made about health care on what is medically necessary, what is an emergency, what kind of treatment is available, what kind of treatment is necessary. Some decisions have been made with an eye toward the bottom line of the corporation providing the health care. And that is wrong because human health is not a function of someone's bottom line.

We had a woman who suffered a very serious brain injury. She was still conscious. She was in an ambulance, and she asked the ambulance driver to take her to the furthest hospital. There was one closer. She wanted to go to the one that was a bit further away. This is someone in an ambulance with a brain injury. She survived and later was asked: Why did you not want the ambulance to drop you off at the nearest hospital? She said: Because I understood the reputation of that hospital. It was their bottom line, their profit; I did not want to be presented on a

gurney with a brain injury and be looked at by a doctor who thought in terms of profit and loss. Doctors wouldn't do that, but a health care system determined by profit and loss, how much would this cost? I wanted someone to see me and determine they wanted to fight for my life regardless of cost.

That is what people have been concerned about with respect to managed care. Not all managed care organizations have done this. Some are wonderful. Some have done a great job. Some have not. Some have taken a position that jeopardizes people's health. They have said to people: Here is your option for medical treatment, not giving them all the options that might be available to them, only describing the cheapest option that would be available to be delivered by the health care organization.

Is that fair to people in this health care system? The answer clearly is no.

So we have had a fight in the Senate the last 3, 4, 5 years. We have a managed care organization that is big, strong, well financed, and they very aggressively oppose what we are trying to do. On the other side are doctors, the American Medical Association. They want to practice medicine in the hospital room. They want to practice medicine in the clinic. They don't want to practice medicine only to find out that some young fellow 1,000 miles away, working as a junior accountant for an insurance company, who hasn't yet shaved twice a week, is making decisions about health care that the doctor is going to deliver in the hospital room.

That is not the kind of health care they are dedicated to provide the American people. They didn't study in medical school for the purpose of having somebody 1,000 miles away, who knows very little about health care, tell them how they ought to treat a patient.

So we have a battle between the managed care organization, that has spent a great deal of money, putting ads all over television to try to defeat it, and doctors, patients, and other health groups saying: We need this.

It was long past the time to get this done, and we finally did it. We finally got it done. We got it through the Senate after a number of years. Now it waits in the House for action. We read day after day of reasons that somehow it is not quite getting done. The big industries that have something at stake are making all the efforts they can to try to defeat the legislation. And if we get it through the House of Representatives—and we should; there is no excuse for this Congress not passing this legislation—the President says he will veto it.

He has a right to veto it. I must say, though, what we have enacted in the Senate is almost exactly what they have for law in the State of Texas. I know President Bush vetoed it first when he was Governor of Texas, but later it became law without his signa-

ture in Texas. What we are trying to do for the country says essentially the same as exists in the State of Texas with respect to a patients' protection act.

Again, let me say that we have a lot of issues in this country. We sink our teeth into a good number of them throughout the year in the Senate.

This is a critically important issue for us to get done this year. This issue is very important. We have a responsibility to continue applying pressure in this circumstance to the House. I hope the American people will apply pressure to the House and say: Get this done. Do this bill. Bring it up for a vote, pass it, and send it to the President.

The President says he will veto it. I don't know that that is the case. I hope when he looks at this bill, he will understand this is the right bill for the American people. It is the right thing to do.

It is very interesting to me that as we look at all of the challenges we face in this country, we have had some great successes, and almost every step of the way we have had people who have said: Not me, help me out, this won't work. All of us come from towns and have friends who are there sitting around being crabby all day long, those who describe what won't work.

I come from a town of 300 to 400 people. I spent most of my formative years there. Three or four people there were always crabby about things, and they said, "This won't work," or, "This will never do." But the rest of the town was out doing things. They paved our Main Street while others said it could not be done. It got done because the builders and the doers decided to make it happen.

The same is true in the Senate. It doesn't matter what the issue is, it doesn't matter whether it is Social Security, workers rights, minimum wage, we have people in this body who have opposed everything for the first time, and it doesn't matter what it is. Those who progressively want to make changes strengthen this country. It is our burden to say, here are our ideas, here is what we must do to strengthen our country.

We have done that. A Patient Protection Act is just one more step in a series of things that we know must be done to help the American people deal with a health care system that has increasingly moved toward managed care and has increasingly empowered the bigger interests and taken away from the American people and the individuals who need health care the opportunity to fight back. That is what the Patient Protection Act or Patients' Bill of Rights is about.

Now we have passed that legislation. We have had good leadership in the Senate, and in the last couple of months we have passed legislation dealing with that Patients' Bill of Rights and a number of other things that have been welled up for a long

while in the Senate. But now it is done. It is up to the House to do the same. I call on the President to join us. I urge the House to pass this bill, and then I urge the President to sign the bill. Let this bill work for the American people.

I know the Senator from Nevada, who attended a hearing with me that I referenced recently, cares a great deal about this issue. I know that at the hearing in the State of Nevada I heard exactly what I had heard at hearings I held in New York, Minnesota, and elsewhere. I held hearings as chairman of the Democratic Policy Committee on this issue. It didn't matter where you were, you would hear the same story; that is, that patients in this country expect the kind of health treatment they were promised by their health care plan, when they get sick and need health care. Too often they discover that that kind of delivery of health care service is not available to them when they need it.

We have, as I indicated, a number of challenges facing us this year. This is but one. I think it is one of the most important challenges. I hope in the not-too-distant future the House of Representatives will take action, as the Senate has already done, and we will see a Patient Protection Act become law in this country.

I yield the floor.

The PRESIDING OFFICER. The Senator from Nevada is recognized.

Mr. REID. Mr. President, I have said before that the Senator from North Dakota has spent a great deal of time on the Patients' Bill of Rights, developing a foundation so that the legislation could pass. It was Senator EDWARDS' legislation, along with Senators KENNEDY and MCCAIN. But the real foundation for that legislation came as a result of the work that Senator DORGAN did around the country as the chairman of the policy committee, holding hearings all over America. He mentioned Las Vegas. There was a dramatic hearing held in Las Vegas, with people complaining about how they had been mistreated or not treated. Not only did we have patients coming in, we had physicians coming in and telling us how they could not render care that they, in their expertise, training, and experience, indicated needed to be done, and their managed care entity would not let them do it. There are cases where a doctor has been pulled off the case because his recommendations for treatment were not what the HMO or the managed care entity wanted.

I have great respect and admiration for the Senator from North Dakota for helping us lay a foundation so that we could pass successful legislation. All eyes are now upon the House of Representatives, to make sure they pass legislation that is in keeping with what we did over here. They are trying to spin this, saying the legislation in the Senate is all about lawyers.

The legislation that passed in the Senate of the United States had nothing to do with lawyers and everything

to do with patients. Out of a bill that contains 100 percent substance, 2 percent dealt with lawyers and 98 percent dealt with patients.

I look forward to the bill passing in the House. Also, I have such great admiration and respect for Dr. NORWOOD, who has been willing to step beyond the pale. He has been willing to go beyond what most of the time happens in partisan politics. Congressman NORWOOD, a Republican, has said he can't do what his leadership has asked him to do. He believes in a Patients' Bill of Rights, and he has been a leader. I have such great respect for him.

I express my appreciation to the Senator from North Dakota.

#### THE DEPARTURE OF ROBERT D. FOREMAN

Mr. HATCH. Mr. President, I would like to take a moment to pay tribute to Robert D. Foreman who has served as a health advisor to me for the past 8 years. Rob came to my staff after distinguished service in the House of Representatives, in the Executive Branch, and in a national trade association.

I suppose that Rob's experience staffing Medicaid and Medicare issues for me, and earlier for our colleagues on the House Interstate and Foreign Commerce Committee, now called the Energy and Commerce Committee, have prepared him well for his new assignment as President George W. Bush's Director of the Office of Legislative Affairs at the Centers for Medicare and Medicaid Services. I am confident that he will be a great asset to Secretary Thompson, Administrator Scully, and the President as they work to preserve and strengthen Medicare, and confront the many challenges facing the Center for Medicare and Medicaid Services, CMS.

Rob is able to grasp complex issues and use his keen sense of humor to bring together parties with differing views on pending legislation. With his research and command of the legislative process, he has helped us make significant contributions during the past eight years on many key pieces of legislation including the defeat of the Health Security Act and enactment of the Children's Health Insurance Program, the Health Insurance Portability and Accountability Act of 1996, the Balanced Budget Act amendments and subsequent revisions, and the Skilled Nursing Facility legislation.

I also have been able to count on Rob to be a powerful advocate for the disabled, and the less fortunate, and to be my liaison with my Disability Advisory Committee in Utah. He also has been a tireless advocate for Native Americans and has enhanced my work on the Committee on Indian Affairs.

For those who have been blessed to work with Rob, they understand that beneath the soft-spoken, dedicated work of this kind man is the caring heart of a true gentleman. He is a man you can genuinely trust, a man of his

word, a man of integrity. He seeks not just to do his job, but to do it well. He came to his office each morning not to work, but to serve. His gentle nature is equaled only by his loyalty and work ethic.

I am grateful to Rob for his efforts, for his personal sacrifices, and for the many nights and weekends he spent ensuring that work on these vital issues was complete. I want to publicly thank him for all of his many contributions. I wish him the best as he confronts this new challenge.

#### RETIREMENT OF JESS ARAGON

Mr. HARKIN. Mr. President, I rise today to call to your attention the retirement of one of our country's finest public servants. Jess Aragon, the Budget Officer of the Department of Labor's Employment and Training Administration, is leaving after 33 years of Federal service. In his capacity as Budget Officer, he controlled the formulation, justification, and execution of some \$10 billion of our taxpayers' funds in a manner that set him apart for his professionalism and courtesy. He has personally assisted the Appropriations Committee time and time again, and has been especially helpful when the chips were down and information was desperately needed to make our bills and reports come together.

A native of Albuquerque, NM, Jess' career began with a four-year stint in the Air Force. Following this, he entered public service with the New Mexico State Employment Security Agency, after which he joined the Department of Labor. He and his wife, Myra, are retiring to San Juan, PR, and I, and the other members and staff of the Appropriations Committee, wish them all the best, and offer a heartfelt thanks for a career devoted to serving the American people.

#### LOCAL LAW ENFORCEMENT ACT OF 2001

Mr. SMITH of Oregon. Mr. President, I rise today to speak about hate crimes legislation I introduced with Senator KENNEDY in March of this year. The Local Law Enforcement Act of 2001 would add new categories to current hate crimes legislation sending a signal that violence of any kind is unacceptable in our society.

I would like to describe a terrible crime that occurred December 8, 1994 in Medford, OR. A man who said he thought their lifestyle was "sick" killed two prominent lesbian activists, who had been domestic partners for many years.

I believe that government's first duty is to defend its citizens, to defend them against the harms that come out of hate. The Local Law Enforcement Enhancement Act of 2001 is now a symbol that can become substance. I believe that by passing this legislation, we can change hearts and minds as well.

#### RULES OF PROCEDURE OF THE COMMITTEE ON ENVIRONMENT AND PUBLIC WORKS

Mr. JEFFORDS. Mr. President, in accordance with the rule XXVI (2) of the Senate. I ask unanimous consent that the rules of the Committee on Environmental and Public Works, adopted by the committee today, July 25, 2001, be printed in the RECORD.

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

##### RULES OF PROCEDURE

##### RULE 1. COMMITTEE MEETINGS IN GENERAL

(a) Regular Meeting Days: For purposes of complying with paragraph 3 of Senate Rule XXVI, the regular meeting day of the committee is the first and third Thursday of each month at 10:00 A.M. If there is no business before the committee, the regular meeting shall be omitted.

(b) Additional Meetings: The chair may call additional meetings, after consulting with the ranking minority member. Subcommittee chairs may call meetings, with the concurrence of the chair, after consulting with the ranking minority members of the subcommittee and the committee.

(c) Presiding Officer:

(1) The chair shall preside at all meetings of the committee. If the chair is not present, the ranking majority member shall preside.

(2) Subcommittee chairs shall preside at all meetings of their subcommittees. If the subcommittee chair is not present, the ranking majority member of the subcommittee shall preside.

(3) Notwithstanding the rule prescribed by paragraphs (1) and (2), any member of the committee may preside at a hearing.

(d) Open Meetings: Meetings of the committee and subcommittees, including hearings and business meetings, are open to the public. A portion of a meeting may be closed to the public if the committee determines by roll call vote of a majority of the members present that the matters to be discussed or the testimony to be taken

(1) will disclose matters necessary to be kept secret in the interests of national defense or the confidential conduct of the foreign relations of the United States;

(2) relate solely to matters of committee staff personnel or internal staff management or procedure; or

(3) constitute any other grounds for closure under paragraph 5(b) of Senate Rule XXVI.

(e) Broadcasting:

(1) Public meetings of the committee or a subcommittee may be televised, broadcast, or recorded by a member of the Senate press gallery or an employee of the Senate.

(2) Any member of the Senate Press Gallery or employee of the Senate wishing to televise, broadcast, or record a committee meeting must notify the staff director or the staff director's designee by 5:00 p.m. the day before the meeting.

(3) During public meetings, any person using a camera, microphone, or other electronic equipment may not position or use the equipment in a way that interferes with the seating, vision, or hearing of committee members or staff on the dais, or with the orderly process of the meeting.

##### RULE 2. QUORUMS

(a) Business Meetings: At committee business meetings, and for the purpose of approving the issuance of a subpoena or approving a committee resolution, six members, at least two of whom are members of the minority party, constitute a quorum, except as provided in subsection (d).