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Pattents Biologicals Events

Patient's Bill of Rights Event  
Northern Westchester Hospital Center

Mount Kisco, New York

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As Mr. Tucker was finishing that invitation I was thinking "Oh my gosh, what does he know that we don't know." (laughs) I was very happy to be here at this hospital that I've already heard quite a bit about, and especially to be here with Mr. Tucker and Mr. Davis and representatives of the board and all of the other trustees who are here. I also very much appreciate hearing from Dr. Kornell about the neuroscience institute and the advances that this technology will provide here at this hospital, which is really an extraordinary commitment by this entire community to the very cutting edge technology and I'm very grateful to Dr. Lee, not only for what he did but for telling us about that and the passion with which he addressed extraordinary which now exist in the health care system that are putting too many doctors and nurses in the position that Dr. Lee described to us.

Let me start, though, by congratulating you on the groundbreaking work being done here in the neurosciences. Some of you may know that the nineteen-nineties were dubbed the decade of the brain, and I spent a lot of time talking with the people at NIH and in other research institutes, attending some of the public sessions that were held about work that is being done on frontier of the brain.

But the research won't mean anything in and of itself unless it can be translated into care for patients in clinical settings and that is what you're doing here. And the equipment, which I also will not attempt to describe, or even to try to get the entire name in, does provide extraordinary expertise by enabling neurosurgeons to do surgery in ways that not only ensure smaller incisions but as I understand it also improved access and decreased traumas to the brain as well as accelerated post-operative recovery all of which is critical as we all understand when it comes to any kind of brain injury or disease.

Now providing this kind of health care option which is the only facility of its kind in the tri-state area is certainly a commitment to the future: the future of healthcare, the future

of this institution, and the health - the healthy future - of the larger community. But as I think we just heard from Dr. Lee, the future is to some extent hazy, if not opaque, when it comes to determining what we will need to do to make sure that the health care system in which we are all participating - some as physicians or nurses or hospital administrators or trustees, others as patients or potential patients - is able to continue functioning at the very high level that we in America both expect and deserve given our resources and the quality of our health care professionals.

So it is a very fitting time and place for us to talk, here today, about health care quality. Because without quality, all the advances that might occur, all of the technology that might be available, is obviously not as significant unless it can be harnessed in the service of quality patient care. We are living through a time in which many of us as health care consumers are worried. We are worried that the way we are financing our health care system, in our market of health care options, is eroding the capacity of the doctors who we trust to do the work they are trained to do; undermining the capacity of trained nurses to provide the quality of care that we expect them to provide; hospitals to keep providing the full range of services and even in some cases to keep their doors open.

I come today fully aware of all of these difficult, complex issues surrounding the future of our health care system. This may be one area where it probably is appropriate to say that this may be brain science when it comes to the public arena. Because many people have tried - as you recall I had a few things to say about health care myself some years ago - and those efforts go back at least to President Truman, and they got through Presidents Kennedy and Johnson, Presidents Carter and Nixon, and our current President, my husband.

Because we've made a lot of advances in providing access to health care, but we are at a critical point right now and we are recognizing some of the challenges that we face. There are, for example, certain functions that a market place that treats healthcare as a commodity can never perform profitably.

You cannot train doctors and nurses at a profit. You cannot provide the kind of care that we pride ourselves in America on providing for the sickest of the sick and the poorest of the poor at a profit. You cannot expect every bit of research that takes place in any lab or any clinical trial that takes place in

any hospital immediately to create a commercial application that has a profit. And you cannot expect doctors to be asked to choose between the profit of the HMO and the Hippocratic oath, as Dr. Lee reminded us.

Now, there is currently pending in the Congress a piece of legislation that is aimed at righting the balance to a great extent. It's called the Patient's Bill of Rights. It comes out of the frustration of doctors, nurses, hospital administrators, and patients, and it comes because many of us have heard too many stories like the one Dr. Lee just told us. I was sent a copy, Dr. Lee, of the newspaper account of the difficult decision you faced when your patient's insurance carrier basically said, "Your diagnosis is right, what you need to do is absolutely right, but you're not in our network so we're not going to let you do it."

I've been met with stories like that from Ithaca to Jamestown to Great Neck to Brooklyn when people and physicians and nurses have come forwards to express their frustration that they are being asked to choose between their oath, their commitment, their patients needs, and the arbitrary rules on how we finance healthcare. The central principle of this piece of legislation called the Patient's Bill of Rights is to guarantee that a patient's health must come first and that the patient doctor relationship, known to be sacred and central to health care going back to the Hippocratic oath, must once again be given the preeminent role in the health care system.

That's why this bill guarantees access to emergency room services when and if the need arises. That's why it guarantees access to specialists when specialists are required. No parent, no patient, should have to worry when they show up at an emergency room that they will be given care they need for an emergency or see a specialist if that's what they need.

I believe very strongly in this legislation - I have promoted it, I have advocated it, I have spoken out for it, I have lobbied members of Congress for it - because I have met so many people who if it were in the law now would have been helped.

I've met, and I'd imagine many of you in the room know, patients, cancer patients, breast cancer patients, whose insurance changed networks, or whose employers changed policies, and all of a sudden they were told they could no longer see their gynecologist, they could no longer go back to

the surgeon who treated them. They'd have to go to somebody else whom they'd never met, never developed a trusting relationship with, because their doctor of choice was no longer in the network.

I've met patients who turned away from emergency rooms because they couldn't get permission to be admitted from their HMO. I've met patients who were in terrible accidents and left on the side of a road, thankfully to be discovered by someone who with a car phone called for help and were Medivaced to a trauma center only to be told that they wouldn't have their bills paid under their insurance policy because they didn't first call for permission in spite of the fact that they were unconscious on the side of the road.

I also know that we have to be sure that there is access to a fair, unbiased, and independent external appeals process so that consumers can appeal these decisions quickly. It does very little good if the appeal only comes after the damage is done. I also believe that it is only fair that patients be given the right to sue when HMOs make decisions that end up hurting those patients.

You know, making sure that patients have the right to sue when something goes wrong is important, especially in light of the Supreme Court ruling yesterday which you have already heard about, in which the Supreme Court interpreted unanimously the HMO law that goes back to the nineteen seventies and determined that Congress did not give patients the right to sue in federal court. It is still an open question whether patients do have the right to sue in state court.

But what that says is that a doctor making a decision on his own, a hospital making a decision that they think is in the best interests of their patient, they are subject to being sued, whereas an HMO is shielded from that liability and accountability. So this ruling puts patients at a double disadvantage. HMOs can give doctors financial incentive to withhold treatment and patients cannot sue their HMOs for the lack of treatment.

Now, more than ever, given this ruling yesterday, we need a Patient's Bill of Rights that makes sure quality care is enforceable against any and all HMOs. When doctors and other health care professionals make these decisions they are held accountable. Why not health insurance companies,

which certainly have the capacity to change their ways if they believe that they would be held accountable?

I will fight to pass a real Patient's Bill of Rights if we're not able to be successful before Congress goes home this fall because I believe that medical decisions should be made by medical professionals and not by bureaucrats or accountants sitting perhaps a thousand or two thousand miles away in an insurance company's office. I also regret deeply that fastest growing part of our health care system, both in hospitals and in doctors' practices, are the hiring of bookkeepers to fight with insurance companies to be able to get coverage for the decisions that doctors make.

If you look at any hospital in New York, the bookkeeping, insurance coverage department, is growing much faster than direct patient care. And most doctors tell me that they now spend the kind of time Dr. Lee spent arguing with insurance company representatives to try to get the care their patients need.

This is a clear difference in this race for the Senate between me and my opponent who voted against a real Patient's Bill of Rights, a bipartisan Patient's Bill of Rights, that finally did pass the House of Representatives and whose sponsors included a Republican doctor who understood why this is so important. I hope that we are able to be successful in the Senate. It was voted on last week and we were only able to get two Republican Senators to vote for it, John McCain and Arlen Specter.

I'm hoping that more Republican Senators will join, but in event that that doesn't happen I hope that I'll be there to vote for it next fall. Because we already have many of the protections that the Patient's Bill of Rights would provide all Americans in New York law, but we don't have the right to sue and we have some other areas that need to be strengthened and this federal law would provide.

In addition to this important piece of legislation, I think we also have to take a hard look at some of the underlying questions that Dr. Lee's experience really directs us to. I am still committed to trying to work to provide quality, affordable health care to every American. I am still committed to trying to make it clear that is doctors, nurses, health care professionals, who should be making these decisions.

And I also believe that we have to make it clear that if we intend to remain the country with the very best health care system in the world then we have to take a hard look at how we finance that health care because right now we have far too much of our health care dollars going into non-health-related expenses. If you look, follow up on what Dr. Lee said, at where the money in our health care dollar goes, between ten and forty cents on a dollar goes into administration, overhead, shareholder payout, other kinds of non-health-related bottom line, and I would hope that we're going to remain committed to a Patient's Bill of Rights, to adding a prescription drug benefit for Medicare, to working to lower the cost of prescription drugs for all Americans.

I propose that we re-import from Canada American-approved drugs so that we can buy them at the rate that the Canadians get to buy them. We've already paid as taxpayers to develop them and test them through the FDA. It's only fair that we get some of the benefits of those bargains. I also want to continue to expand the children's health insurance program so it covers every child and do what is necessary to extend the life of the Medicare trust fund, so there's a lot of work ahead when it comes to health.

We celebrate today some great technological advances. But I hope that along with that we'll make some of the hard, political and public decisions that need to be made to ensure that these advances are available to the people in this community, throughout New York and throughout our country.

So I greatly applaud and appreciate what's being done at this hospital to set a standard for all of us to aspire to, and I look forward, as a potential patient someday (laughs), to working with you to ensure that the kinds of efforts that Dr. Lee had to undertake in order to take care of his patients will become just a story of the past and not a pattern that is repeated time and time again.

Thank you all very much. (applause)