

**Congress of the United States**  
**House of Representatives**  
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**BI-PARTISAN COALITION PUSHES FOR SANDERS' AMENDMENT TO BLOCK  
FEDERAL FUNDING TO HMOS THAT IMPOSE GAG RULES ON DOCTORS**

A bi-partisan group of House members has joined behind Rep. Bernie Sanders, I-VT, in demanding that the federal government not tolerate gag rules imposed on doctors by managed care companies. Rep. Wayne Gilchrest, R-MD, will join Sanders later today in offering an amendment to prohibit the federal government from funding managed care plans under Medicare and Medicaid if the HMOs impose gag rules.

Sanders said, "Health maintenance organizations are telling providers what they can and cannot say to their patients and others regarding care and treatment simply because they do not want to pony up for the cost of those treatments. This is a dangerous practice which presents serious conflicts between providers' contractual obligations to the HMO and their ethical obligations to the patient. The federal government clearly should not be putting their stamp of approval on this unhealthy practice."

Sanders continued, "This practice of saving dollars vs. saving lives cannot go unchecked. I am very disturbed by the fact that many HMOs have continually focused on their bottom lines instead of their patients's best interests. If HMOs are so concerned with controlling costs, perhaps they should take a look at trimming some of the exorbitant salaries and bonuses of their CEOs instead of patient care."

Sanders noted that in April of this year, the acquisition of U.S. Healthcare by Aetna yielded U.S. Healthcare's CEO, Leonard Abramson, a personal profit of approximately \$1 billion, including a nearly \$500 million cash payment plus stock in the new company.

Sanders concluded, "I am concerned that the large profits of U.S. Healthcare and other HMOs increasingly stem from practices that are contrary to medical ethics and sound patient care. My amendment begins to move us in the right direction by telling HMOs who do business with the federal government that gag rules simply will not be tolerated."

Sanders' is proposing the amendment to the Labor-HHS-Education Appropriations bill which is expected to be voted on by the House late this evening.

Sanders is also the sponsor of comprehensive legislation, The Hippocratic Oath and Patient Protection Act, which would prohibit gag rules and improper financial incentives for doctors to deny care, as well as require the disclosure of all HMO policies to patients and health providers. Sanders will continue his efforts to stop disturbing trends in health care by offering an amendment next week which would prohibit HMOs from offering financial incentives for doctors to deny care in federally-funded health insurance plans.

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You would have to be patently insane to sign on with an HMO you know is going to pay your doctor not to treat you. So some insurance companies are taking steps to make sure you don't know what they are doing. They keep their incentive plans secret from their customers, and in many cases keep both patients and doctors in the dark about the formulas used to approve or deny coverage. Therefore, doctors and consumers signing on do not know what they are getting themselves into, and insurers are free to make arbitrary decisions without outside scrutiny.

Further, many HMO contracts contain blatant "gag rules" that tell doctors what they can and cannot say to their patients. Last year, for example, Kaiser Permanente of Ohio told its doctors not to discuss any possible treatments with patients before checking with the company's consultants.

These outrageous clauses strike at the heart of informed consent and health care ethics - someone considering an operation should have all the relevant information to make their decision, and doctors must be able to provide that information.

These problems are serious enough that Massachusetts has already passed a law banning gag rules, while New York and several other state legislatures are considering bills to deal with these issues. This week, I intend to introduce legislation in Congress that will take three steps to preserve strong doctor-patient relationships. My bill, has already been endorsed by Consumers Union, the American Nurses Association, the Vermont Psychological Association, and the American Psychological Association.

First, my legislation will ban outright incentives to deny appropriate care, and ensure safeguards are installed so doctors are not placed at substantial financial risk for patient care.

Second, my bill prohibits gag rules and other interference in doctors' communications regarding patient care.

Third, to ensure neither doctors nor patients are kept in the dark about what their insurer is doing, my legislation provides for open, honest discussion of practices key to patient care by requiring disclosure of utilization review procedures, financial incentives for providers, and all services and benefits offered under the health plan.

That disclosure may be half the battle, because I think no insurance executive will be willing to stand up and defend these outrageous practices once they are out in the open.

Let me close by saying that in Vermont, we are very fortunate that CHP and our other internal medicine insurers have not engaged in these insidious practices. However, in terms of mental health, that is not always the case. I would like to again thank the Vermonters who have joined me today, because they are showing a great deal of courage. My friend Dr. David Himmelstein was dropped from his HMO after discussing these issues with the media, and many health professionals I have talked with are afraid to speak out on this subject.

Judith Mann is a therapist from Essex Junction.