

bring them forward. Again, I hope, along with the distinguished chairman of the subcommittee, that we might be able to wrap up relatively soon on this piece of legislation. I mention that, for those who are sitting around wondering if there is anything better to be doing, that now is a good time to do it. Many have called; few are accepted. Now is the time to do it.

With that, Mr. President, and nobody else seeking recognition, I yield the floor.

RECESS

Mr. LEAHY. Mr. President, I ask unanimous consent that we now recess for our policy lunches.

There being no objection, at 12:27 p.m., the Senate recessed until 2:16 p.m.; whereupon, the Senate reassembled when called to order by the Presiding Officer (Mr. FRIST).

Mr. MCCONNELL. Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. DASCHLE. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

UNANIMOUS-CONSENT REQUESTS—PATIENTS' BILL OF RIGHTS

Mr. DASCHLE. Mr. President, I will not take long. I know that there are discussions ongoing.

Before we left for the August recess, Democrats made it very clear that it is essential that we not leave here before the end of the year without having taken up and passed the Patients' Bill of Rights. I think it is very clear, given the extraordinary degree of interest in the issue on both sides of the aisle, that there is an opportunity for us to complete our work on that bill. I hope we can do it sooner rather than later. I see no reason why we cannot do it within the course of the next couple of weeks.

I will propound a unanimous consent request that would allow us to do that. The request, very simply, would allow the Senate to take up the House-passed HMO reform bill, begin the debate, allow relevant amendments, and set the bill aside at the request of the majority leader to take up appropriations bills when they are ready to be considered. It takes into account the need for us to complete our work on appropriations bills, and it takes into account the high priority that both parties have put on dealing with this issue.

But I must say, for Democrats, that there cannot be a more important issue than the complete and successful conclusion of the debate on managed care and the Patients' Bill of Rights. We now have over 170 different organizations that have said they join us in supporting this legislation and recog-

nize the importance of passing it before we leave. All we have left is 6 weeks. Mr. President, it is critical that we complete our work, that we get this job done, that we do so in the remaining time we have, and that we allow a full debate given the differences we have on how we might approach this issue.

Mr. President, I ask unanimous consent that upon disposition of the foreign operations appropriations bill, the Senate proceed to consideration of Calendar No. 505, H.R. 4250, the House-passed health care reform bill; that only relevant amendments be in order; that the bill be the regular order, but that the majority leader may lay it aside for any appropriations bill or appropriations conference report which he deems necessary to consider between now and the end of this session of Congress.

The PRESIDING OFFICER. Is there objection?

Mr. MCCONNELL addressed the Chair.

The PRESIDING OFFICER. The Senator from Kentucky.

Mr. MCCONNELL. I object.

Mr. DASCHLE addressed the Chair.

The PRESIDING OFFICER. The Democratic leader.

Mr. DASCHLE. Mr. President, I am very deeply disappointed that the Senator from Kentucky has seen fit to object to this.

We will continue to press this matter. We will look for other opportunities. I would much rather do it in an orderly fashion using the regular order to allow this to come up and be debated. But if we cannot do it that way, we will offer it in the form of amendments. One way or the other we will press for this issue. We will see it resolved, and see it resolved successfully, because I don't believe there is another issue out there this year that is of greater importance to the American people.

I would be happy to yield to the Senator.

Mr. KENNEDY. Mr. President, if the Senator will yield, as I understand it, the proposal that was made by the minority leader would have only permitted amendments that were relevant to the underlying measure, which would be the Patients' Bill of Rights, and that would have still granted to the majority leader the opportunity to move ahead, as we must, with the various appropriations bills, and appropriations conference reports.

As I understand, if the leader's proposal had been accepted, we would then have had the opportunity to consider this very important piece of legislation in an orderly way that would ensure adequate debate and discussion. The proposal would have ensured, if the Senator would agree, an opportunity to debate relevant amendments on critically important issues. It would have allowed the Senate to debate amendments that would ensure: that health care decisions are being decided by doctors rather than insurance company

accountants; that all women have access to appropriate specialists for the gynecological and obstetrician care that they need; that patients with life-threatening conditions have access to clinical trials; an effective end to gag practices that inhibit doctors from making medical recommendations and suggestions based on their patients' needs; that all patients have access to a meaningful and timely internal and external appeal, similar to what we have in Medicare, for example; and that the States themselves, if they so choose, to find further accountability for those who are going to practice medicine.

Am I correct that these elements were included in the legislation which the minority leader introduced, and that these are measures—along with others, that the minority leader thinks the Senate ought to have an opportunity to debate, discuss and vote upon—were based in part on the comments that have been made to the minority leader, I am sure, from people in his own State, and from representatives of the 170 leading patient and medical organizations in this country?

These are the groups that are supporting the leader's legislation, and they are supporting this action as well. And I understand that now the Republican leadership has just objected to our request to move forward to debate on health care legislation, on the Patients' Bill of Rights? Is that what we have just seen on the floor of the Senate?

Mr. DASCHLE. The Senator from Massachusetts is absolutely correct. First, to the point he made about relevancy, what our unanimous consent request would have done is simply allowed what we have attempted to negotiate with our Republican colleagues now for months, which is to allow a good debate about this issue and allow the opportunity for the Senate to decide on relevant amendments.

This may be one of the most comprehensive and most complicated medical issues that the Senate will address for a long period of time. It is impossible for us to address it in the way that has been suggested by some on the other side, that we have an up-or-down vote on two simple bills. There is nothing simple about them. These are very serious questions about holding health insurance companies accountable, about making sure that when a woman has a mastectomy she can be protected, about making absolutely certain that when you go into a pharmacy you have a drug that the doctor prescribed and not something that the health care company prescribed.

Those are the kinds of issues that we ought to have the opportunity to decide in a very careful way. So we offered a unanimous consent request that would have allowed for relevant amendments.

The Senator is absolutely right, as well, about the 170 organizations. In my time in the Senate on an issue of

any magnitude, I don't remember a time when over 170 organizations of all philosophical stripes were on board and said, yes, we want to pass this bill. That is phenomenal. That is historic. And so the Senator is right. I hope, regardless of whether it is today or tomorrow or sometime soon, we can have the kind of debate the Senator from Massachusetts and others have called for for a long period of time. We need time to do it.

Mr. KENNEDY. Will the Senator further yield?

Mr. DASCHLE. I would be happy to yield.

Mr. KENNEDY. I welcome the opportunity for those who support the Republican position to provide the Senate with the names of the medical organizations and the patient organizations that support their proposal. Yet I think this may not be possible, because I believe they do not exist.

But let me ask the Senator if I state this correctly. We debated the defense authorization bill for eight days and 124 amendments were offered; in fact, 10 were cosponsored by the majority leader and the assistant majority leader. We spent five days on agricultural appropriations with 55 amendments offered; seven days on the most recent budget resolution with 105 amendments; nineteen days on the highway bill with 100 amendments offered.

Does the Senator agree with me that we ought to be able to deal with patient protection legislation in a timely way that might not even come close to the time spent on other pieces of legislation that we have had here earlier in the year? Does the Senator think, given the fact we had spent 19 days on the highway bill, that we ought to be able to spend at least a few days on relevant amendments on something that affects every family in this country, affects their children, affects husbands and wives, affects grandparents in a very, very special and personal way? Does the Senator agree that this would not be a wasted period of time in terms of the remaining several weeks for debate? And would not the Senate minority leader be willing to work out a satisfactory kind of time frame so that we could have this debate?

Mr. DASCHLE. The Senator from Massachusetts is absolutely right. When you think about it, we spent a lot of good time on the highway bill, time we needed to spend on a bill that I supported. We all know that the highway bill has many complicated aspects to it; there wasn't any objection from the other side in that regard. The highway bill was complicated, and because it was, we offered, as the Senator noted, over 100 amendments. Now what they are saying on this particular bill is that even though it is every bit as complicated, they are only willing to provide three slots for amendments—not 100, not 75, not 50, but three slots on a bill that affects personally more people than even the highway bill.

That is what we are up against. That is the motivation in offering the unanimous consent request this afternoon.

I would be happy to yield to the Senator from North Dakota.

Mr. DORGAN. I wanted to ask the Senator to yield for a question. This is a critically important issue that affects tens and tens of millions of Americans. It deals with the question of whether, when they show up and are ill and need health care treatment, they are going to be told by their attending physician who is working for a managed care organization all of their options for medical treatment or just the cheapest. We have talked day after day in this Chamber about how these issues deal with the life and death of patients.

We had one story here about a managed care organization that evaluated a young boy and determined that because he had only a 50 percent chance of being able to walk by age 5, it was determined insignificant and he shall not therefore be eligible for the therapy—a 50 percent chance of walking by age 5 is insignificant so don't help him. These are important issues.

Now, the question I ask the Senator from South Dakota, we have put together legislation, we have developed legislation that I think is very important and we have been working very hard to try to get it to the floor of the Senate. We spent days debating the renaming of an airport, but apparently we don't have time to deal with the issue of managed care reform and a Patients' Bill of Rights. How many months have we been trying to get a time to get this issue to the floor of the Senate so that we can debate it and deal with this issue? I ask the minority leader, how many months have we worked to try to get this issue to the floor of the Senate for debate?

Mr. DASCHLE. I think the Senator from North Dakota raises a very important point. This particular bill has been pending now for over 6 months. And as the Senator from Massachusetts noted, over that period of time, more and more groups from all over the country, the doctors, the nurses, people in health care delivery from virtually every facet and every walk of life, every one of them have said you put your finger on a problem that you have to solve. It is getting worse out there. And unless we address the situation meaningfully in public policy, it will continue to get worse. How long must we wait? Must we wait until next year or the year after? And how many millions of people will be adversely affected if we do not act? They are telling us to act. And I hope we will do it before the end of this session of Congress.

Mr. DORGAN. If the Senator will yield further, just another point. I regret that there is opposition to the request. It seems to me the request is appropriate. Do the appropriations bills, do the conference reports, but make time at least to do this issue. We have talked about in this Chamber the sto-

ries of someone whose neck was broken, taken to an emergency room, and told you can't get this covered because you didn't have prior approval, brought to the emergency room with a broken neck, unconscious. So I mean these issues go on and on and on, the stories go on forever, and the question is, Is the Congress going to address it? Is Congress going to deal with it? Does the Congress think it is an important issue? If it thinks it is an important issue, then we ought to be debating it on the floor of the Senate; we ought to make time and allow for discussion. That is what the Senate is about. I hope, I say to the Senator from South Dakota, the Democratic leader, I hope very much that we continue to push and continue to press, and we will not take no for an answer. We want this piece of legislation on the floor of the Senate for full and open debate so we can resolve this issue on behalf of all Americans.

I thank the Senator for yielding.

Mrs. BOXER. Will the Senator yield?

Mr. DASCHLE. I thank the Senator for his contribution.

I would be happy to yield to the Senator from California.

Mrs. BOXER. I thank my leader for making what I think is a very rational request, that we take up a Patients' Bill of Rights and we have the option of amending such a bill so that we can in fact help the majority of the American people who are telling us pretty unequivocally here they want quality health care. I have a brief comment and then a question for my colleague and my leader.

Mr. Leader, I want you to know about a story in my State. There are so many of them, and I have told many of them on the floor. This particular story, I think, is quite poignant because it has a good ending to it. But it makes a very important point and I think our Presiding Officer who is sitting in the Chair, our President of the day, would be interested in this as a physician.

A little girl named Carly Christie got a very rare type of cancer many years ago, about 9 years ago. It required some very delicate surgery that only a couple of specialists had ever really performed before. It was a cancerous tumor on her kidney. Her dad went to the HMO and said, "Look, I know the doctors who know how to do this and I am going to go and have this operation done."

The HMO said, "No, you are not. We have a general surgeon, and the general surgeon can do this operation."

"Well, has the general surgeon ever done such an operation before?"

"No."

And Mr. Christie said, "This is my flesh and blood. This is my child. I want her to live. I need to go to someone, a specialist, who knows how to do this operation."

They said, "No."

He got the money, \$50,000, I tell my leader, and she got the surgery. And

now, many years later—she was 9 at the time; she is 14—she is cancer free.

What would have happened to that little girl if she hadn't had an experienced specialist? I ask my leader, the bill we want to bring before this body, wouldn't that ensure that any little Carly or any other child, or any man or woman, would be able to get that specialist? I ask my colleague on that point.

Mr. DASCHLE. The Senator from California is right on the mark. That is exactly the essence of our legislation. We talk so often in statistical terms here on the Senate floor. Sometimes we have to put it in personal terms, in real terms. The Senator from California has just done so, so eloquently. In real terms, this bill would allow an individual, whether it is somebody in this Chamber today or anybody who may be watching, that they will have an opportunity to choose and be treated by a qualified specialist. They would have an opportunity to make sure that the specialist is competent, so they will get the best care for their personal set of circumstances, like young Carly.

That is what our bill is all about. That is why it is important to pass it this year. That is why we cannot wait until next year. I thank the Senator from California.

Mrs. BOXER. On behalf of all the Carlys, thank you, Mr. Leader. We will stand with you until we get this up before the American people.

Mr. KERRY addressed the Chair.

The PRESIDING OFFICER. The Senator from Massachusetts.

Mr. KERRY. Will the leader yield for a question?

Mr. DASCHLE. Before I yield to the Senator from Massachusetts, let me say the unanimous consent request that we made took into account the fact that the House has already acted on this issue. The House has passed a health care bill, not one that I would necessarily be excited about, but it passed a bill. What we are suggesting here is that we want to amend the House-passed bill. We want to complete the job. We want to put a Democratic imprint on a comprehensive health care bill that will do the job and get that bill signed.

There is another piece of legislation the House has now passed, campaign finance reform. That bill has also passed out of the House. The Shays-Meehan bill has passed, and that, too, is pending now in this Chamber. That, also, ought to be on our agenda. When can we take up the Shays-Meehan bill? It passed in the House. Let's pass it in the Senate.

I yield to the Senator from Massachusetts.

Mr. KERRY. Mr. President, I ask the leader just to clarify for the record precisely the full measure of the request that he made.

It is my understanding the leader requested, not that we would not proceed to other legislation, but that we would simply create an opportunity, a fixed

opportunity within the next 6 weeks during which time we would be able to debate the issue of health maintenance organization reform. Is that correct?

Mr. DASCHLE. The Senator from Massachusetts is correct. Basically, our unanimous consent request simply would have made as regular order, as the next bill to be considered, H.R. 4250, the House-passed health care reform bill. We would then offer, in the form of amendments, our bill and other relevant amendments that would be considered. We would give the majority leader, certainly, the authority to set that bill aside so long as other appropriations bills or conference reports on appropriations bills need to be considered. We would complete our work on patient protections, and it would be my expectation, following the successful conclusion of that debate, to offer a similar unanimous consent request on campaign finance reform. It seems to me, those two key issues are critical to the agenda of this country and critical to the business of the Senate—particularly given the fact, as I have just noted, that they both now have passed in the House of Representatives. I can't think of anything more important than to complete the work of this Congress on those two bills. That would be my intention.

Mr. KERRY. Mr. President, with respect to the campaign finance reform bill the leader mentions, it is clear, is it not, that bill ultimately passed after the repeated efforts of the membership of the House to make it clear that they would not accept leadership efforts to stop it? In other words, there were repeated efforts by the leadership, the Speaker of the House, to sidetrack campaign finance reform. But, for one of those rare instances where it happens, the popular will, the will of the American people to have the vote on campaign finance reform and to put into effect a reform that for years people have known we need—that won in the House of Representatives. Is that not correct?

Mr. DASCHLE. The Senator from Massachusetts is absolutely correct.

Mr. KERRY. So the only thing standing in the way of a similar expression of what we know to be a majority of the U.S. Senate prepared to vote for campaign finance reform, the only thing that stands in the way is the leadership of the Republican Party, that wants to say no, we are not going to give you this opportunity. Is that correct?

Mr. DASCHLE. To date, that is correct.

Mr. KERRY. With respect to the problem of the Patients' Bill of Rights, is that not the No. 1 issue of concern of Americans—young, old, middle aged, of all walks of life—that is the one thing most on the minds of the American people that they want the U.S. Congress to address?

Mr. DASCHLE. Mr. President, the Senator from Massachusetts is absolutely correct. The issue, as we have

noted now several times, has probably the most elaborate array of support by health care organizations, organizations that deal with this every day. Organizations on the front line of health care delivery have said this must be our highest priority—not just in health care, but in the array of issues that are confronting this Congress. They say there is nothing more important than passing this legislation this year. I think they are right.

This is what the American people want. I might note, we just received a faxed letter from the President, from Moscow, on this very issue. I might just read one short paragraph.

As I mentioned in my radio address this past Saturday, ensuring basic patient protections is not and should not be a political issue. I was therefore disappointed by the partisan manner in which the Senate Republican Leadership bill was developed. The lack of consultation with the White House or any Democrats during the drafting of your legislation contributed to its serious shortcomings and the fact it has failed to receive the support of either patients or doctors. The bill leaves millions of Americans without critical patient protections, contains provisions that are more rhetorical than substantive, completely omits patient protections that virtually every expert in the field believes are basic and essential, and includes "poison pill" provisions that have nothing to do with a patients' bill of rights.

I ask unanimous consent the letter be printed in the RECORD.

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

MOSCOW,
September 1, 1998.

Hon. TRENT LOTT,
Majority Leader, U.S. Senate,
Washington, DC.

DEAR SENATOR LOTT: Thank you for your letter regarding the patients' bill of rights. I am pleased to reiterate my commitment to working with you—and all Republicans and Democrats in the Congress—to pass long overdue legislation this year.

Since last November, I have called on the Congress to pass a strong, enforceable, and bipartisan patients' bill of rights. During this time, I signed an Executive Memorandum to ensure that the 85 million Americans in federal health plans receive the patient protections they need, and I have indicated my support for bipartisan legislation that would extend these protections to all Americans. With precious few weeks remaining before the Congress adjourns, we must work together to respond to the nation's call for us to improve the quality of health care Americans are receiving.

As I mentioned in my radio address this past Saturday, ensuring basic patient protections is not and should not be a political issue. I was therefore disappointed by the partisan manner in which the Senate Republican Leadership bill was developed. The lack of consultation with the White House or any Democrats during the drafting of your legislation contributed to its serious shortcomings and the fact it has failed to receive the support of either patients or doctors. The bill leaves millions of Americans without critical patient protections, contains provisions that are more rhetorical than substantive, completely omits patient protections that virtually every expert in the field believes are basic and essential, and includes "poison pill" provisions that have nothing to

do with a patients' bill of rights. More specifically, the bill:

Does not cover all health plans and leaves more than 100 million Americans completely unprotected. The provisions in the Senate Republican Leadership bill apply only to self-insured plans. As a consequence, the bill leaves out more than 100 million Americans, including millions of workers in small businesses. This approach contrasts with the bipartisan Kassebaum-Kennedy insurance reform law, which provided a set of basic protections for all Americans.

Lets HMOs, not health professionals, define medical necessity. The external appeals process provision in the Senate Republican Leadership bill makes the appeals process meaningless by allowing the HMOs themselves, rather than informed health professionals, to define what services are medically necessary. This loophole will make it very difficult for patients to prevail on appeals to get the treatment doctors believe they need.

Fails to guarantee direct access to specialists. The Senate Republican Leadership proposal fails to ensure that patients with serious health problems have direct access to the specialists they need. We believe that patients with conditions like cancer or heart disease should not be denied access to the doctors they need to treat their conditions.

Fails to protect patients from abrupt changes in care in the middle of treatment. The Senate Republican Leadership bill fails to assure continuity-of-care protections when an employer changes health plans. This deficiency means that, for example, pregnant women or individuals undergoing care for a chronic illness may have their care suddenly altered mid course, potentially causing serious health consequences.

Reverses course on emergency room protections. The Senate Republican Leadership bill backs away from the emergency room protections that Congress implemented in a bipartisan manner for Medicare and Medicaid beneficiaries in the Balanced Budget Act of 1997. The bill includes a watered-down provision that does not require health plans to cover patients who go to an emergency room outside their network and does not ensure coverage for any treatment beyond an initial screening. Those provisions put patients at risk for the huge costs associated with critical emergency treatment.

Allows financial incentives to threaten critical patient care. The Senate Republican Leadership bill fail to prohibit secret financial incentives to providers. This would leave patients vulnerable to financial incentives that limit patient care.

Fails to hold health plans accountable when their actions cause patients serious harm. The proposed per-day penalties in the Senate Republican Leadership bill fail to hold health plans accountable when patients suffer serious harm or even death because of a plan's wrongful action. For example, if a health plan improperly denies a lifesaving cancer treatment to a child, it will incur a penalty only for the number of days it takes to reverse its decision; it will not have to pay the family for all damages the family will suffer as the result of having a child with a now untreatable disease. And because the plan will not have to pay for all the harm it causes, it will have insufficient incentive to change its health care practices in the future.

Includes "poison pill" provisions that have nothing to do with a patients' bill of rights. For example, expanding Medical Savings Accounts (MSAs) before studying the current demonstration is premature, at best, and could undermine an already unstable insurance market.

As I have said before, I would veto a bill that does not address these serious flaws. I

could not sanction presenting a bill to the American people that is nothing more than an empty promise.

At the same time, as I have repeatedly made clear, I remain fully committed to working with you, as well as the Democratic Leadership, to pass a meaningful patients' bill of rights before the Congress adjourns. We can make progress in this area if, and only if, we work together to provide needed health care protections to ensure Americans have much needed confidence in their health care system.

Producing a patients' bill of rights that can attract bipartisan support and receive my signature will require a full and open debate on the Senate floor. There must be adequate time and a sufficient number of amendments to ensure that the bill gives patients the basic protections they need and deserve. I am confident that you and Senator Daschle can work out a process that accommodates the scheduling needs of the Senate and allows you to address fully the health care needs of the American public.

Last year, we worked together in a bipartisan manner to pass a balanced budget including historic Medicare reforms and the largest investment in children's health care since the enactment of Medicaid. This year, we have another opportunity to work together to improve health care for millions of Americans.

I urge you to make the patients' bill of rights the first order of business for the Senate. Further delay threatens the ability of the Congress to pass a bill that I can sign into law this year. I stand ready to work with you and Senator Daschle to ensure that patients—not politics—are our first priority.

Sincerely,

BILL CLINTON.

Mr. KERRY. Mr. President, I ask further of the leader.

Mr. MCCONNELL addressed the Chair.

Mr. DASCHLE. I yield further to the Senator from Massachusetts.

Mr. KERRY. As we all know, the cynicism of the American people is, regrettably, growing with respect to their view as to how politics works in their own country. Increasingly, that is reflected in their attitude about campaigns and voting. And many, many people are aware of the enormous influence of money in American politics.

Regrettably, there appears, now, to already be a question arising within this Congress about the link of tobacco to some of the events that have taken place here. I wonder if the leader would not share with me the sense that the entire tobacco debate and the now-early investigative efforts taking place with respect to tobacco expenditures don't make even more compelling the notion that the U.S. Senate ought to deal with campaign finance reform as rapidly as possible?

Mr. DASCHLE. The Senator from Massachusetts is absolutely correct. There are so many areas that I believe ought to be clarified and ought to be rectified. I don't think there is any greater need than for clarification on the role of independent expenditures and what may happen, now, with regard to tobacco.

Passing Shays-Meehan would allow us to do that. We ought to let that happen. We ought to make that happen in the next 6 weeks.

Mr. KERRY. Let me just say, Mr. President, to the leader—and I know he shares this view—there are many of us prepared to adopt the same measure of militancy that was found in the House of Representatives in order to guarantee that the Senate has an opportunity to deal with campaign finance reform.

I hope the leadership on the other side will take note of the need to do the business of this Nation and to do the business of the Senate in a timely and orderly fashion, but that there is an absolute determination by a number of us to guarantee that we make the best possible effort to try to pass the Shays-Meehan bill in this body.

Mr. DURBIN. Will the Senator yield?

Mr. DASCHLE. I yield to the Senator from Illinois.

Mr. DURBIN. I thank the Senator for taking the floor this afternoon and making his unanimous consent request. I sincerely regret there was an objection to it. I would like to ask the minority leader a question, but first I would like to note that over this last break, I made a tour of my State, and I did an interesting thing I never had done before. I visited community hospitals, and I invited the professional nursing and medical staffs to come down and meet with me and talk about this issue. I wanted to find out if my impression of the importance of this issue—what I had seen in the mail, what I had heard from my colleagues—was felt in downstate Illinois, in a small town, in a community hospital.

I found it very interesting that many doctors came into the room to meet with me. They brought their beepers along. Some of them were called off to emergency calls and others with like requirements, but they met there because they wanted to take the time to tell me what they thought.

The stories they told me were amazing. I thought I heard it all on the floor of the Senate about what the insurance companies were doing to American families, how health care was being compromised and why this legislation, which the Senator from South Dakota has suggested, is so important. But when a doctor comes before me and says, "I had to call the insurance company for approval to admit a patient and they said, 'No, we won't go along with your suggestion, your medical advice, send the patient home,'" this one doctor in Joliet said, "I finally asked the person on the other end of the line, 'Are you a doctor?'"

He said, "No."

He said, "Are you a nurse?"

He said, "No."

He said, "Do you have a college degree?"

The man said, "Well, no."

He said, "Well, what is your training?"

He said, "Well, I have a high-school diploma, and I have the insurance company manual that I'm reading from."

That is what it came down to, and a patient was sent home because this man, with literally no medical education, made a decision based on the insurance manual.

Another doctor told a story, which was just amazing and frightening to any parent, about how a mother brought a son in who had been complaining of chronic headaches on the left side of his head. The doctor examined him and said clearly, "This is a situation where a CAT scan is warranted, because there may be a tumor present and let's decide very early if that is the case."

He left the room and called the insurance company. The insurance company said, "Under no circumstances does that policy allow a CAT scan of that little boy," who had been complaining of these headaches for such a long period of time.

The doctor said, "Not only did they overrule me, but under my contract, when I went back in the room and faced the mother, I couldn't tell that mother that I had just been overruled by an insurance company clerk. I had to act as if it were my decision not to go forward with the CAT scan."

That is what the gag rule is all about. We are restraining doctors from being honest with their patients, doctors from their honest relationship with parents bringing in children for care.

So when the Senator from South Dakota suggests this unanimous consent request to bring this issue up, I say that my experience in the last few weeks suggests this is a timely issue, an important issue, much more important in many ways than a lot of the things that we have discussed on the floor of the Senate.

My question of the Senator from South Dakota is this: I understand that he has said we must pass the appropriations bills. That is the responsible thing to do. That takes precedence. But he has also said let's move to this bill and allow amendments to it.

We have seen repeatedly here—the Republican leadership has stopped an effort to pass a tobacco bill. The Republican leadership has stopped an effort to pass campaign finance reform. And now it appears the Republican leadership is going to stop an effort to have a Patients' Bill of Rights and do something about managed care.

Can the Senator from South Dakota tell me what is it that is so pressing on this Senate agenda in the next 4 weeks that we cannot set aside even 1 day's time to discuss managed care reform? Is there something that perhaps the majority leader has told the Senator from South Dakota which we missed in the newspapers?

Mr. DASCHLE. The Senator from Illinois has made a very eloquent and poignant statement about circumstances that are very real, that are happening as we speak in Illinois, South Dakota, Massachusetts, and California. In every State, there are illustrations of how the system is broken, just as the Senator from Illinois has described.

But he really needs to direct his question to the majority leader. I don't

know what could be more pressing than this issue. Obviously, by law, we have to address appropriations bills. Obviously, by law, we should be addressing the budget, but I am told the Republicans now may overlook the fact that the law requires a budget resolution by April 15. They are overlooking that. So we have already violated—they have violated the law with regard to the budget. But I would hope we can adhere to the law with regard to appropriations, because we know the consequences if we don't. We have already gone through that. I think they have learned their lesson on that. We don't want to shut the Government down, but I would direct your question to the majority leader when you have the opportunity.

Mr. DURBIN. I will be coming to the floor and taking that opportunity when I can. I ask one other question of the minority leader.

Is it not a fact that the Republican approach on this—should they call their legislation—on Patients' Bill of Rights—if you can characterize it as such—only protects 29 percent of all the American population from managed care abuses? Is it not true that the Republican approach, sponsored by Senator NICKLES, in fact, does not provide protection for those who are self-employed, employees in small companies, State and local government employees; it leaves out a wide swath of Americans who deserve the same kind of basic protection when it comes to health insurance? Is this not one of the reasons why we would like to offer amendments so that we can cover the vast majority of Americans rather than exclude the majority, as the Republican bill does in its current form?

Mr. DASCHLE. The Senator is absolutely right. They leave out over 100 million people; 100 million people won't be touched.

Mr. NICKLES. Will the Senator yield?

Mr. DASCHLE. So it is a sham. It is not a piece of legislation that can give confidence to any American today, not when the problems are as great as the ones suggested by the Senator from Illinois.

Mr. DURBIN. I say to the Senator from South Dakota—

Mr. NICKLES. Will the Senator yield?

Mr. DURBIN. If he will yield for one final question. What is it that is so—if the Senator knows—what is it that is so frightening to the majority that they will not allow this issue to come to the floor? We know it is timely. We know it is important. The Republican Senators have put forth a bill that they think should be considered. Why is it that this particular issue, involving massive insurance companies and health care across America, is so frightening to the Republican majority that they will not allow your unanimous consent request? Can the Senator from South Dakota give us some insight as to why this issue should be so

frightening to the Republican majority?

Mr. DASCHLE. I wish I could. I appreciate the question offered by the Senator from Illinois. I have no clue. All I know is that the American people are expecting us to act responsibly and comprehensively on this issue. I hope we will, and we will be back, either in the form of amendments or additional unanimous consent requests, to give them the opportunity to change their mind.

Mr. President, I yield the floor.

Several Senators addressed the Chair.

The PRESIDING OFFICER. The Senator from Kentucky.

Mr. McCONNELL. Mr. President, the distinguished assistant majority leader is here and would like to say a few things about the issue that has just been before us.

The PRESIDING OFFICER. The Senator from Oklahoma.

Mr. NICKLES. Mr. President, first, I will make a couple comments concerning those made by some of our Democratic colleagues who said they want to bring up the Patients' Bill of Rights. We have offered throughout the month of July to bring up the Patients' Bill of Rights. I will make a unanimous consent request to do it again. Unfortunately, our Democratic colleagues haven't been able to take yes for an answer. In other words, I think they want to debate an issue, discuss an issue, have unlimited amendments, and we are not going to give them that.

We only have 22 days left in this legislative session. We tried to get this up and considered and done in July. They wouldn't accept that request.

In just a moment, I am going to make a unanimous consent request to bring it up with limited amendments. I will tell my colleagues, it will be three amendments a side. You can design any amendment any way you want. You can offer your proposal in any way that you want. We are going to give you an up-or-down vote on your proposal; we are going to have an up-or-down vote on our proposal. That is going to be in my request. You would have the right to do three amendments; we would have the right to do three amendments. It is the same request that we made in July. If you want this issue to be considered and passed, that is the way to do it. If you want to say we want to have this issue on the floor all month, as was the unanimous consent request made by the minority leader, that is not going to happen. Or to say that we are going to take up the House bill and work off the House bill, that is not going to happen.

So, again, I tell my colleagues, if you want to consider the bill, and if you want it passed, the Patients' Bill of Rights, we are willing to do it. What I hear our friends on the Democratic side say is, "We know we don't have the votes so we want to talk about it." And sometimes I think it is important if you are going to talk about the issue

that you speak truthfully. Unfortunately, I do not think the President did that in his radio address.

The President, in his radio address on Saturday, frankly—I am going to come back to that issue shortly because I know my friend from Kentucky wants to go back to the bill. I am going to come back later to the floor and analyze the President's speech or his radio address where he talked about the Patients' Bill of Rights, and he characterized what the Republican bill did. And he was flat wrong. I think he should know the truth. And maybe his staff should do better work or they should quit trying to politicize this issue and he should speak factually what is in our bill and what is in his bill. Unfortunately, that did not happen on Saturday.

Mr. KENNEDY. Would the Senator yield?

Mr. NICKLES. No, I will not yield. I will yield in a moment.

Another thing that galls this Senator is if and when the President thinks he can legislate by radio address. The President is the Chief Executive Officer in the country, but under the Constitution he does not have legislative powers to legislate by Executive order or to legislate by radio address. I think, frankly, he crossed that line again on Saturday. That is unfortunate.

If he wants legislation, we are willing to consider legislation. The President talked about having internal appeals and so on. We have internal appeals in our bill. We have external appeals in our bill. So if the President likes that provision, he can take it up. And he should urge our colleagues on the Democratic side of the aisle to take this legislation up and pass it. We are giving a reasonable unanimous consent request to bring it up. So I just hope that, again, common sense would prevail and that we would take the legislation up under a reasonable time limit.

I mention that the counteroffer that we received in July was not three amendments a side; it was 20 amendments a side. That would be 40 amendments. That is ridiculous. That is not going to happen. I want to pass this legislation. Frankly, I have invested a lot of time in this legislation, as well as Senator FRIST and Senator COLLINS, Senator JEFFORDS, Senator GRAMM—many of our colleagues—Senator SANTORUM. We worked for months on this legislation.

I also want to take just a little issue with our friend from Illinois. He said, "Isn't it true that the Republican bill left out millions of Americans?" That is false. We gave every single American that has an employer-sponsored plan an internal appeal and external appeal. And that is not in current law. We believe it should be legislated, not deemed by Executive order. And so to say, "Well, they don't have protections under the Republican bill" is absolutely false.

We do not have 300-some mandates as proposed by the Democrat bill. We do

not have 56 new causes of action where really it would say it would be health care by litigation. We have health care to be determined by physicians, not by trial attorneys.

So, yes, there is a difference between the bills. We are saying: Fine. You have a legislative proposal. We will let you offer it. We will find out where the votes are. We have a legislative proposal. We will offer it and find out where the votes are, and maybe offer a couple of amendments. And we can dispose of the bill. We can pass the bill. We can go to conference with the House, hopefully work out the differences with the House.

Mr. President, at this time I ask unanimous consent that the majority leader, after notification of the Democratic leader, shall turn to Senate bill S. 2330 regarding health care. I further ask that immediately upon its reporting, Senator NICKLES be recognized to offer a substitute amendment making technical changes to the bill, and immediately following the reporting by the clerk, Senator KENNEDY be recognized to offer his Patients' Bill of Rights amendment, with votes occurring on each amendment, with all points of order having been waived. I further ask that three other amendments be in order to be offered by each leader or their designee regarding health care, and following the conclusion of debate and following the votes with respect to the listed amendments, the bill be advanced to third reading, and the Senate proceed to H.R. 4250, the House companion bill, that all after the enacting clause be stricken, and the text of S. 2330, as amended, be inserted, and the Senate proceed to a vote. I further ask that following the vote, the Senate bill be returned to the calendar.

The PRESIDING OFFICER (Mr. KEMPTHORNE). Is there objection?

Mr. KENNEDY addressed the Chair.

The PRESIDING OFFICER. The Senator from Massachusetts.

Mr. KENNEDY. Reserving the right to object, I think if I heard correctly, under the Senator from Oklahoma's proposal the Senate is going to return the bill to the calendar following the vote? Did the Senator say that?

Mr. NICKLES. Only the Senate version. What we would do is strike the House language and insert the Senate language—what we always do when we consider legislation. To respond to my colleague, the text of the Senate language would be sent over to the House under the H.R. number.

Mr. KENNEDY. Mr. President, further reserving the right to object, would this unanimous consent request permit debate and discussion on the principal concerns outlined in the President's letter to the majority leader? Would this request permit a full discussion and debate on each of these? They all appear to be relevant. And could we have the assurance that the minority leader would have the opportunity to formulate amendments and

have a debate and discussion of at least these particular proposals?

Mr. NICKLES. I am happy to respond.

It would be very easy for my colleague to address those considerations in the letter, which I have not seen yet. You could put those in your amendment. You could put those in your substitute. You could have that in any combination and consider everything addressed in that letter.

Mr. KENNEDY. Do I understand further that the Senator would be willing to agree that we would have separate amendments on each of these measures that have been included in today's letter from the President to the majority leader on the Patients' Bill of Rights?

Mr. NICKLES. Again, to answer my colleague's question, I said you would have a substitute amendment. You could have three amendments, and certainly with your skillful legislative prowess, you could have all 10 things in that format.

Mr. KENNEDY. I appreciate, I am sure, what you intended to be a compliment, but I would like to know whether the leader or other Members would be able to at least raise for debate and discussion each of the rather thoughtful observations that have been made by the President of the United States to the majority leader. And I understand that the majority leader, or his spokesman, the Senator from Oklahoma, is not prepared to permit the observations and shortcomings of the Republican proposal to be considered, if I am not wrong, to be made individually.

Let me ask further, in the appeals procedures in the Republican proposal, you have put a strict limitation on the circumstances under which patients can appeal health plan decisions. It has to reach \$1,000 in order to qualify for appeal. That would effectively rule out any child, for example, that might have had a bicycle accident or a hockey accident or football accident from being able to be guaranteed a right to an appeal under the Republican proposal.

Would we have an opportunity to debate this limitation and others in the appeals section of the Republican proposal?

Mr. NICKLES. Mr. President, one, I have a unanimous consent request pending at the table.

Mr. KENNEDY. I am reserving the right to object. I would like to find out if we are able to have a debate and discussion about the wisdom of putting dollar thresholds on the appeals that are in the Republican proposal.

Would we have an opportunity for the Senate to express itself on whether it wants a \$1,000 threshold to exclude—

Mr. NICKLES. Regular order.

Mr. KENNEDY. Reserving the right to object. What is the regular order?

The PRESIDING OFFICER. We have a unanimous consent request.

Mr. KENNEDY. Reserving the right to object, Mr. President—

The PRESIDING OFFICER. Once the regular order has been called for, the Senator cannot reserve the right to object. The Senator must either object or not.

Mr. KENNEDY. For those reasons, I object.

The PRESIDING OFFICER. Objection is heard.

Mr. NICKLES. Mr. President, I regret that my colleague from Massachusetts has objected to our unanimous consent request to bring this bill up. Obviously, he has some concerns, but he does not have the votes.

We have offered to vote on his proposal. He can draft his proposal any way he wants. We have drafted our proposal. We want to vote on our proposal. We want to pass our proposal. We will give him an up-or-down vote on his proposal. We will offer and have offered that he can have two or three amendments, and we can have two or three amendments. We can finish this bill. He can draft those amendments in any way, shape or form he wants to and address any and all issues he has addressed today that might be in this letter or another letter. I hope he will do better work in the letter than the President did in his radio address. He was factually incorrect in that. I happen to be offended by that. I just make that comment.

To reiterate, we offered to bring this up in July. My colleague from Tennessee and I and others wanted to finish it in July because we know we have a difficult conference with the House. This is not the easiest legislation to consider. So it is important to move sooner rather than later, as I think I heard my colleague from South Dakota mention. So I hope we will bring it up. But we are going to have to have cooperation from our colleagues. If they continue to insist on unlimited amendments, to where they can debate this issue all month, that is not going to happen. They will be successful in killing this bill, not the Republicans.

I yield to my colleague from Tennessee.

Mr. FRIST. As I understand the unanimous consent request, there would be the opportunity for either side to put into the bill they brought to the floor anything they wanted to. Is it correct, then, that whatever documents have been put forward or requested by the President could be brought forward to the floor in the original bill that the Democratic leader or the Senator from Massachusetts brought forward?

Mr. NICKLES. They could have it in the original bill or they could offer it in the form of an amendment.

Mr. FRIST. The unanimous consent would allow consideration of a bill presented by the Democratic leader and a bill that is presented by the Republican leader?

Mr. NICKLES. The Senator is correct.

Mr. FRIST. In the unanimous consent, you gave the opportunity for

amendments to come forward. How many amendments on either side?

Mr. NICKLES. Three.

Mr. FRIST. In saying there could be only three amendments, you did not restrict what was in the original underlying bill so that any issue could be put forward—a bill of rights, or a recommendation by the President—is that correct?

Mr. NICKLES. That's correct.

Mr. FRIST. That has been denied.

Mr. NICKLES. Yes. It is unfortunate because my Democratic colleagues are not able to take yes for an answer. I regret that.

Mr. FRIST. One final question. The issue of the Patients' Bill of Rights is very important to me. As my colleague from Oklahoma has pointed out, we have collectively, as the U.S. Senate, spent a lot of time on this particular issue. Given the fact that we do have a number of bills—and I know we are anxious to get to the underlying bill right now—isn't it reasonable, given the opportunity, that we can put into these bills a Patients' Bill of Rights, or anything we want to, based on the unanimous consent right now? Isn't it reasonable to limit that discussion so that we can conduct the Senate's business, since we can put as much as we want into these bills right now and also allow them to be subjected to the amendments of the unanimous consent?

Mr. NICKLES. I agree. Particularly, if you want to see something become law, it is going to have to be this kind of structure, or it will never happen. We would still be talking toward the end of September. We might have a good debate or a political issue, but we won't have any legislative change. I happen to be interested in trying to make a significant legislative improvement that becomes law.

Mr. FRIST. I just hope we can come to agreement and a time agreement on this important issue, and that we can address this Patients' Bill of Rights.

Mr. NICKLES. I appreciate the leadership the Senator has shown in putting this bill together.

FOREIGN OPERATIONS, EXPORT FINANCING AND RELATED AGENCIES APPROPRIATIONS ACT, 1999

The Senate continued with the consideration of the bill.

PRIVILEGE OF THE FLOOR

Mr. INHOFE. Mr. President, I ask unanimous consent that the privilege of the floor be extended to Dan Groeschel, a fellow from the Air Force, during the consideration of this bill.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. MCCONNELL. Mr. President, I ask unanimous consent that Robert Streurer and Tam Somerville of my office be given the privilege of the floor.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. MCCONNELL. Mr. President, the pending business is the foreign oper-

ations appropriations bill. There are very few amendments left to be dealt with. I ask the Chair what amendment is pending.

The PRESIDING OFFICER. The current amendment pending is No. 3006 offered by the Senator from Pennsylvania.

Mr. MCCONNELL. The Senator from California has been waiting patiently to offer a couple of amendments, which I am cosponsoring. It looks to me, I say to my friend, as if we are now ready to deal with those. I ask unanimous consent that the pending amendment be temporarily set aside.

The PRESIDING OFFICER. Without objection, it is so ordered.

The Senator from California is recognized.

AMENDMENT NO. 3507

(Purpose: To state United States support for a peaceful economic and political transition in Indonesia)

Mrs. FEINSTEIN. Mr. President, I send an amendment to the desk and ask for its immediate consideration.

The PRESIDING OFFICER. The clerk will report.

The bill clerk read as follows:

The Senator from California [Mrs. FEINSTEIN], for herself and Mr. MCCONNELL, PROPOSES AN AMENDMENT NUMBERED 3507.

Mrs. FEINSTEIN. Mr. President, I ask unanimous consent that reading of the amendment be dispensed with.

The PRESIDING OFFICER. Without objection, it is so ordered.

The amendment is as follows:

At the appropriate place in title V, insert the following:

SEC. ____ (a) FINDINGS.—Congress makes the following findings:

(1) Indonesia is the World's 4th most populous nation, with a population in excess of 200,000,000 people.

(2) Since 1997, political, economic, and social turmoil in Indonesia has escalated.

(3) Indonesia is comprised of more than 13,000 islands located between the mainland of Southeast Asia and Australia. Indonesia occupies an important strategic location, straddling vital sea lanes for communication and commercial transportation including all or part of every major sea route between the Pacific Ocean and the Indian Ocean, more than 50 percent of all international shipping trade, and sea lines of communication used by the United States Pacific Command to support operations in the Persian Gulf.

(4) Indonesia has been an important ally of the United States, has made vital contributions to the maintenance of regional peace and stability through its leading role in the Association of South East Asian Nations (ASEAN) and the Asia Pacific Economic Cooperation forum (APEC), and has promoted United States economic, political, and security interests in Asia.

(5) In the 25 years before the onset of the recent financial crisis in Asia, the economy of Indonesia grew at an average rate of 7 percent per year.

(6) Since July 1997, the Indonesian rupiah has lost 70 percent of its value, and the Indonesian economy is now at a near standstill characterized by inflation, tight liquidity, and rising unemployment.

(7) Indonesia has also faced a severe drought and massive fires in the past year which have adversely affected its ability to produce sufficient food to meet its needs.